

At the Edge of the Slope:
Views from a Multicultural Geriatric Affordable Housing Facility

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Abstract

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This study is about the elderly poor living Brooklyn, New York and their caretakers. It is an attempt to gain a local perspective on the direct and indirect social effects of institutional policies towards indigent elder populations receiving funding from federal and state level agencies. Using theoretical models from medical and psychological anthropology on cultural studies of death, grieving, and mourning, the analysis focuses on entitlement/benefit policies and their social impact on the organizational structure at a geriatric residential complex. Especially salient were the notions of self-identity and the coping strategies used to deal with daily challenges that are attached to low social and economic positioning within a social order.

In this diverse setting, social work staff engaged in caretaking practices in the hope of addressing inequalities experienced by the tenant population. Subsequently, social workers acted as gatekeepers in maintaining the measurements of equality used to determine eligibility for many resources. Ultimately, the regulations designed to alleviate inequality created boundaries among tenants and were a source of tension embroiled in large issues surrounding ethnic, linguistic, and social difference. By exploring the ways in which professional experts with authoritative-knowledge guided and interacted with the elderly-poor at one independent living facility, the research addresses the growing complexity shadowing affordable housing for older adults in the United States as the populace at large continues to diversify. In addressing how these initiatives were enacted and allocated under these conditions, one of the main aims of this research was to reveal how conflicts and struggles emanating from them were managed

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Dedication

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Part One: The Research

I. Introduction: Contrasting Definitions of Old Age

“This quest for Self, for wholeness and possibility, above all for coherence and design, remains the Hero-deed, the high adventure of the Soul.¹” – Barbara Myerhoff

“I wanna live. I wanna give. I've been a miner for a heart of gold. It's these expressions I never give that keep me searching for a heart of gold, and I'm getting old.” – Neil Young

If there are truly universal concepts found across cultures, asserts Sokolovsky (2009), then the notion of being old would certainly be categorized as one of the most reflected upon. Tailored to some degree by local practices that play an integral part in its very social construction and measure, the category of old is indeed multi-faceted. Even in Neil Young's classic ballad, where he attempts to demystify an ache of unrequited desire by implicating the tension of control over one's own life, the self-realization of an ever-present mortality cannot be evaded. In spite of everything, this very awareness of the eventual demise of the physical form serves as a distinctive feature in our limited existence, and lends itself to the salient difference separating human beings from other animal species. In terms of cultural practices, any social significance attached to the latter half of the life course is not universally accepted within anthropological circles. Many ethnographic studies have proven the journey to old age is fraught with multiple unknown outcomes. While being universal in its ability to cause a wide range of emotive reactions, the social construction of death and dying is anything but lineal. In facing the unknown, as Myerhoff's acclaimed research still attests to even after all this time (1980, 1986), cultural practices and sentimental attachment become the guides for action to happen. Furthermore, there are even several instances, for example the Ju/'hoansi of Botswana, where an

¹ Quote from Barbara Myerhoff and Deena Metzger, "Dear Diary," *Chrysalis* 7 (Winter, 1979) 49. From the online blog: <http://jwa.org/womenofvalor/myerhoff>

overtly positive treatment of elderly (Rosenberg 2003; Lee 2013) deeply contrasts to the remarkably different collective reactions found in American society. In the very diverse United States there is a tendency to use apocalyptic terms in addressing the issue of older adults comprising a burgeoning segment of the total population (Talarsky 1998).

Thus, one facet relatively new to the world of aging studies is simply the sheer number of people attaining advanced age. This global phenomenon, due mainly to advances in medical knowledge and techniques, has extended the average lifespan and raises questions and concerns inherent to the social and physical care of individuals in later stages of life. In fact, according to the President of SUNY Downstate Medical Center in Brooklyn, New York when introducing research compiled by clinicians on elderly in the borough:

By the year 2030, the number of Americans older than 65—the current standard definition of ‘elderly’— is expected to nearly double, with women far outnumbering men. With increased longevity comes the challenge of promoting better health and quality of health. Many members of our elderly population will continue to lead healthy, independent lives, while others will face the ravages of heart disease, osteoporosis, cancer, Alzheimer’s, and other illnesses associated with aging. They will require expert health care and social services. Will we be ready? (Ritzel & Allen 2008: 1).

Clearly, this was written as a call-to-arms for the medical establishment to frame a larger economic and social paradigm for the increase in education and management across a wide spectrum of healthcare disciplines. Nonetheless, while the social role of the aged plays a crucial part in human societies, it does not have to be presented only in catastrophic terms², such as those found in this psychologically distressing narrative of abandonment and loss from illness articulated in the medical discourse above. In weighing the “ravages” of various medical diagnosed corporeal states against an idealized version of individualism, modern medicine’s

² Referencing fieldwork carried out in India, Cohen (1995) declared older people’s sense of independence as especially important to them. This is mainly due to their struggle to be heard while becoming dependent upon their children and society at large. Questioning the naturalized and dangerous perception of institutions viewing older adults as a burden on society, and asserted that if the discipline of anthropology is to be holistic in its approach to the process of becoming old, it must look both at the ageist language and assumptions influencing current anthropological work (1994).

tendency to leave out any given social structure the individual is embedded within encourages a mindset where *Het kind met het badwater weggooien*³ becomes part and parcel to normal healing practices. In the case of the aged, these particular types of clinical diagnoses only further insinuate a separation of disease from the larger societal order permuting healthcare deliveries vis-à-vis the indispensable “medical gaze” component made famous by Foucault (1963).

Trends in various research designs about the lives of the elderly and the aging process outside of anthropology have primarily focused on elders' functionalities within the biomedical mind-body dichotomy, which tend to leave out pertinent information regarding changes external to the individual body (Katz 2005, 2006). The proliferation of anthropological discourse on aging has sufficiently demonstrated how the parameters of the experience are heavily affected by cultural perceptions regarding the life course (Simić 1977; Lee 1992). Within this framework, what becomes essential to the very notion of being and becoming “old” is the way in which this cultural concept varies cross-culturally. Thus, the biological factors that contribute to the label of “old-age” are different across and within populations, as well as the systems people find themselves depending on routinely (Dillaway & Byrnes 2009). Hence, from a more holistic perspective, aging is neither a natural progression nor a linear transformation. From a scientific viewpoint, age is a physical decline in the ability to respond to stress and disease. In the same line of thought, then, from a social scientific stance becoming old can be defined by cultural forces and perceptions maintaining social hierarchies in any population.

³ Translation from Dutch: To throw the proverbial baby out with the bathwater; an idiomatic expression referring to the unintentional elimination of something valuable in the act of achieving one's goals. The use of Dutch is homage to the former colonial power that controlled the area well over two centuries ago and which has left its mark on local nomenclature.

Issues Affecting Impoverished Elders in the United States

Recent estimates show there are about 40 million older adults in the United States. This number represents 13.1% of the total population or over one in every eight Americans (Fowles and Greenberg 2011). Among them are the elderly poor, a population at risk, who often live day-to-day on subsidies paid for by state, city and non-governmental programs created to alleviate financial burdens on individuals and families (De Ortiz 1993). Mainly due to social and economic factors, a larger distribution of low income elder's earnings are spent on housing payments and older persons living in poverty are much more likely to suffer the effects of poor health than their counterparts in higher income level brackets (Karelis 2007; O'Brien, et al. 2010). In recent publications from the Census Bureau of the United States (2013), official poverty measures suggest 9 percent of seniors nationally live in conditions below the poverty threshold. However, when this statistical measurement is altered to take into account out-of-pocket health expenses and geographic differences in the cost of living, the number reaches 15 percent. This Alternative Supplemental Poverty Measure, increasing those included in the poverty category to about one in seven seniors, demonstrates the severity of the issue. Without a doubt, safe housing has been documented as the most fundamental and basic necessity required by this segment of society. Housing is indeed one of a myriad of difficult and challenges faced by low-income seniors, in addition to the costs of health care, transportation and food. With a nationwide official poverty threshold of under \$10,800 for an individual 65 years or older⁴ who lives alone, the share of seniors living in poverty, or under this amount, is especially high in some areas of the United States.

⁴ For many industrialized nations including the United States, the age of 65 and above is indicative of the category encapsulated by the term 'elderly' for population measurement standards. Source: <https://www.census.gov/population/socdemo/statbriefs/agebrief.html>

It is evident the maintenance of any populace is influenced by family structure and the economic resources to fund living and healthcare expenses. The elderly poor are no different in this regard. In comparison to the other four New York City (commonly abbreviated as NYC) boroughs and the state as a whole, elderly people in Brooklyn have a much lower per capita income since more than half are living on less than \$20,000 a year (Ritzel & Allen 2008). Currently, there are roughly one in five seniors living in poverty in New York State alone, which is about 18% of the total population for the state. Consequently, with roughly 60,000 elderly residents living below poverty, or about 21% of the total population for the county, Brooklyn, NY has a far higher percentage than the rest of the city, state, and nation (Levinson 2013).

Despite the complex mix of sources to help these seniors on fixed incomes with the soaring cost of living, many in New York City still experience housing insecurity. Traditionally planned senior housing has been in short supply across all five boroughs for many years, and the small number of placements and vacancies that do exist are often far removed from the neighborhoods in which these people have lived and built social networks (Senior Housing Report 2008). Evidently, while there is an apparent need for an expansion of health care and social services for this demographic, an ongoing national debate continues to bring up questions interwoven with moral dilemmas concerning resource allocation among the poverty stricken. Often encapsulated within this viewpoint are arguments about the distribution of medical and social benefits. A changing discourse about the definition of benefits versus entitlements has ensued, with some viewpoints suggesting these funds should be deemed as “gifts” from taxpayers. In a national survey recently conducted by the Pew Research Center (2015), results showed a correlation between access to wealth and a negative belief in the poor. Of the Americans surveyed, those characterized as having more access to wealth security, 54% and

57%, respectively, claimed they agreed with the statement that “poor people today have it easy because they can get government benefits without doing anything in return” (9). This opinion represented the two highest wealth distribution brackets for the study, and these findings reveal a nation divided over concerns of wealth distribution across the United States. When addressing issues of poverty in political rhetoric⁵, resistance surrounds the existence and continuation of monetary provisions to the needy in any demographic group. In light of this stance, the fiscal and public health policy stemming from societal ideologies have serious implications towards those living in poverty. Especially when they are severely limited in scope and function by focusing solely on a rationale of individual choice (Singer and Page 2013).

The notion of rational choice has been explored in-depth in many anthropological studies. For any decision-making process, whether social or economic, ethnographies have demonstrated sufficiently that actions are accomplished based on access to available resources. In light of these decision making processes, many ethnographic accounts of medical systems have addressed how a vast amount of resources are not always available to certain populations existing on the fringes of any given society (Scheper-Hughes 1993). Anthropologists have also illustrated the contextualized individual responses to physical and social changes in the later stages of the life cycle (Sokolovsky 1997) regardless of the social positioning afforded members.

⁵ In the now infamous speech at a fundraising event during the 2012 presidential campaign, Republican candidate Mitt Romney, made a position on the poor and working class when he asserted: “There are 47 percent of the people who will vote for the president no matter what. All right, there are 47 percent who are with him, who are dependent upon government, who believe that they are victims, who believe that government has a responsibility to care for them, who believe that they are entitled to health care, to food, to housing, to you name it. That, that's an entitlement! And the government should give it to them... These are people who pay no income tax... And so my job is not to worry about those people—I'll never convince them that they should take personal responsibility and care for their lives” (Singer and Page, 2014: 26). Rather than contributing to its continuation and prosperity, the poor act as an expense to the larger economy. To a large extent, this perspective identifies those on the margins of society as acting to weigh down the potential for the governing social institutions because they are considered social parasitic in nature. Here, since the forty seven percent do not contribute to society, their social location is reduced to one of endless dependency.

Statement of the Problem

This research is about older adults in Brooklyn, New York who live at a geriatric residential complex, which I call *Shady Grove Apartments*⁶. It is an attempt to understand the individuated notions underlying concepts of self-identity as seen in wider cultural practices of American society and their impact on housing policy as seen at an independent living facility for the elderly and disabled. Initially, I was interested in how emotions function in space as a way to navigate and maintain control. Yet, through engagement with people in their social environment I discovered the functions of particular roles in society were easier to figure out in my guise as anthropologist in training. The research has also expanded in scope, from being at first centered on the elderly, to what is now a holistic view of them and their caretakers. This was done to further explore the interrelated components of elderhood and how social actors function in their social settings. Among the social networks elders inhabited were clues to the social constructions of self and other as well as the coping strategies used to maintain self-autonomy and self-identity. Because death and dying were an integral part of this experience, a special focus has been made to describe the effects such a loss had on the collective through individual narratives. Therefore, I will explore the roles social actors played in this particular setting, and in doing so, I will discuss the conflicting nature of reality for the tenants and their caretakers as they shared their sentiments about everyday life.

⁶ The name of the facility has been changed to protect the identities of all parties involved with its function, including tenants and staff. Instead, the generic term *Shady Grove Apartments* will be used to describe the geriatric residential complex and to denote the institution for discussion throughout this dissertation.

Theoretical Framework

From the social scientific literature, there are two main strands relevant to studying the complex issues facing indigent elders⁷. For the purposes of this study, these theoretical strands will be broken down into two distinct parts that forge the underlying theoretical framework. This serves as the foundation for my analysis on the circumstances of everyday life at a geriatric residential complex. This state of affairs was witnessed by me through the use of participant observation and described to me within personal narratives upon which this person-centered ethnography will be based.⁸

The first theoretical strand involves the micro aspects of the sentimental mechanisms of social control. Tailored to an individual's needs, these include the concepts of emotional control, the very nature of personhood, and the struggle between independent and dependent states of being (Lamb 1997). Theories on aging and adaptation based on the psychological principle of coping are useful when describing individual responses to external stress. Defined as the ability to manage conflict, the effectiveness of any coping strategy depends on several factors. These include the type of affliction, the particular life trajectory of the individual, and any traits or habits they have forged over the life course.

The second theoretical strand focuses on the macro aspects of the social, cultural, and economic world individuals are embedded within. This included the multiple efforts to assert control over residents, as well as the marginalization of certain groups, by members of the institution. The defining feature of the anthropological record is its ability to reflect on these

⁷ The terms indigent elders and elderly poor are used interchangeably to denote a segment of the population surviving on meager earnings from state and federal social benefit programs. More details about specific programs and their annual earnings are discussed throughout this study.

⁸ Person-centered ethnography treats interviewees as *respondents* rather than solely *informants*. This entails asking much more directly about their own experiences, feelings, hopes, and desires, which generally requires much longer acquaintance with an interviewee. This knowledge is concerned with understanding how individuals relate to, experience, and understand their larger socio-cultural context. Major topics of interest typically include: the experience of the self, morality, the body, illness and healing, emotions, and family relationships. Person-centered interviewing shares a number of methodological and thematic concerns with clinical ethnography and psycho-social in-takes found in techniques used by social workers. For more on person-centered ethnographic techniques please see Levy and Hollan (1998).

processes and view them in a more holistic way as part of a system of exchanges. How life and death are managed, then, becomes the focal point for a study on identities in transition within an independent living institution.

Psychosocial Theories on Aging: Disengagement, Activity, and Continuity

The first of the three interrelated, and at times oppositional, functionalist theories on aging, *disengagement theory* (Cumming and Henry 1961) for the first time incorporated social processes into gerontology. Arguing within Parson's functionalist model of social systems – where repeated behaviors are entrenched in roles that offer social actors a limited set of choices constrained by physical and social factors – it describes the embedded characteristics of the aging process. Stating actions of an individual must be understood in terms of their experiences in a social system, the maintenance of such a system requires a mechanism for older adults to uncouple from major life roles. In this view, choices made during the conscious decision to disengage are normatively defined. Thus, the ultimate form of disengagement is death because dying is the final contribution a social actor can make as a benefit to their respective social system⁹. As the aged withdraw from social roles, they prepare for separation from the social order. Once removed from society, space is made available for others.

In direct opposition to the process of disengagement, which assumes universal tendencies and does not take into account differences in class structure, *activity theory* (Havighurst 1961) predicts that older adults will substitute former roles with other alternatives as they begin to lose roles in the social system. By doing so they age “successfully” occurs when older adults stay active and maintain social interactions. It takes the view that the ageing process is delayed and

⁹ The emphasis placed on standards of achievement and efficiency in modern societies requires work to be done expeditiously if it is to remain viable. Disengagement theory contends that older adults do not contribute to the system in the same way as the young. The aged are then presented as a burden. In effect, it is this obligation to disengage for the benefit of the social system that is emphasized. As Cumming and Henry state, "The factor with the greatest bearing on morale seems to be the ability to disengage" (p. 209). Thus, the extent of disengagement determines the level of adjustment the individual has to their new role.

the quality of life is enhanced when old people remain socially active. Modifying and elaborating on this notion of successful aging, *continuity theory* (Atchley 1989) suggests that elders will attempt to maintain a continued sense of self. This act of maintenance of self-identity allows individuals to bring the past into the present in regards to their unique lifestyle choices by the adaptation of strategies connected to their past experiences.

Ways for Coping with Adversity: The Psychoanalytical Approach

Biomedical research on mental health decline in older adults tends to specify health domains along single causal directions. In an attempt to extrapolate the pathways reflecting this multiple causal patterning, this focus instead leads to explicating “the processes of health decline by disentangling the relationships between mental and physical health” (Kelley-Moore & Ferraro 2005: 378). Empirical research about emotive functions, which coping is a part of, tends to focus on these reactions as being created from a small set of “basic emotions.” This idea emerged within a framework of the biomedical model, where clinical tests and statistically derived results from various countries and cultures¹⁰ have demonstrated how reactions of the autonomic nervous system and facial expressions come in but a few basic varieties. These varieties have shown to have a genetic basis underlying their distinct function. Therefore, basic emotions are often held to be the primitive building blocks of other emotions, and their importance to the understanding of affect is stressed. Basic emotion theory views defense mechanisms and coping strategies as derivatives of these essential hereditary genomes which in turn relate to particular diagnostic structures of the organism. In this perspective (Plutchik, Kellerman, & Conte 1979), emotional reactions are related to joy (and manic features), denial is related to acceptance (and histrionic

¹⁰ Culture in this sentence is derived from a commonly used understanding of the term as a sedentary condition, which focuses instead on international borders and linguistic domains rather than the practices and subjective experiences of others. This understanding is the driving force in many cross-cultural research designs in psychology and biomedicine, and its usefulness will be examined in the following analysis from an anthropological perspective.

features), repression to fear (and passivity), regression to surprise (and borderline traits), compensation to sadness (and depression), projection to disgust (and paranoia), displacement to anger (and hostility), and intellectualization to anticipation (and obsession).

Current psychological models on coping designate the distinction between conscious mechanisms (coping) and un- or subconscious mechanisms (defense) that allow the self to deal with external conflict. As opposed to Freudian defense mechanisms, which are unconscious acts to defend against feelings of anxiety and unacceptable impulses, coping strategies are styles of adaptation used intentionally by individuals to reduce stress levels. Regulated by habitual traits of the individual as well as their socio-cultural environment, these strategies can be classified into several categories that are formed along a continuum related to their corresponding psychoanalytical developmental level. These defenses are designated as pathological, immature, neurotic and mature (Kramer 2009). Because the “distinctions between internal ego-defenses and external coping styles are not always practically useful or easy to make, especially if ego defenses under investigation include the so-called mature ‘coping’ ones,” (Harrington and Boardman 1997: 20-21) this study will follow suit and use the literature on defense mechanisms to inform the understanding of coping strategies without separating the two into distinct categories. This is necessary as it is beyond the means available to anthropology to address the internal workings of the mind. Instead, external behaviors and the social discourse emanating from them became the focus of this study.

Therefore, the classification of defense mechanisms found in the latest version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) will guide the analysis of this research. This hierarchical view of defenses, divided into four levels with some minor modifications from the original kind proposed by Valliant (1977), includes Level I (pathological:

psychotic denial, delusional projection), Level II (immature: fantasy, projection, passive aggression, acting out), Level III (neurotic: intellectualization, reaction formation, dissociation, displacement, repression), and Level IV (mature: humor, sublimation, suppression, altruism, anticipation). In addition, there is evidence to suggest that coping changes normatively over the life course as people age, with interpretations suggesting that the “nature of stress changes with age, from episodic to chronic, which in turn affects appraisal and coping processes” (Aldwin et al. 1996: 179). The reason for this change may be that individuals become more effective and realistic in their ability to cope as they gain experience with age. From the literature, there appears to be less dependence on immature mechanisms, such as projection and acting out, and more use of mature mechanisms such as altruism, humor, and suppression.

Self-Identity as Crucial to the Cultural Context of Aging

Within the anthropological perspective on aging there appears a mixed reaction to the major theories found in gerontology. The most extreme, for instance, comes from Luborsky (1995) in his discussion of these theories as reductionist. It is argued that these theories serve only to generalize and reduce variability in elderly social life. Rather, the importance of being critical of popular images in the United States portraying later life as a reflection of social ideals of ambition and self-betterment (with the use of such terms as “successful aging,” “healthy aging,” “normal aging,” and “productive aging”) is stressed. These terms are deemed problematic because they do not account for social interdependency in old age, fail to allow for individual variability, and undermine the larger society’s responsibility in providing support and resources in helping elderly remain functional. Instead, these labels focus only on individual competence and effort. When analyzing any caretaking systems for the aged, scrutiny of the choices made by social actors is needed to understand the underlying processes at work. By

analyzing the interactions, constraints, and influences social relationships have on the perceptions of selfhood of the elderly and any associated processes involved “in a culture where stability of self is a key credential for sanity and aging is linked to marginalization and decay...a call for alternative accounts of aging that make different kinds of connections between changes over time among people, things and ideas” (2013) is warranted.

Diagnostic classifications such as those found in the DSM are an integral part of the reductionist method, yet may serve to demonstrate limited data when the mind and body are treated as separate entities. This is because DSM categories only describe symptoms and do not elaborate on the social causes of disorders listed. Ethnographic fieldwork in the realm of depressed emotional states has shown these scales – and the categories used to create them – to cater to the worldviews of certain socioeconomic groups over others. For example, meaning given to the notion of loneliness depends on many interrelated economic, emotional and social characteristics in and among a social order. It exists not just as a part of everyday life, but rather at the center of it (Wood 1986). In this regard, the DSM criteria may fail to capture locally significant signs of affect as reflective in the narratives of informants. Therefore, while a useful tool for labeling, DSM criteria are not always a completely accurate map for distinguishing normality and pathology (O’Neill 1996).

Designs ethnographically focused, then, add depth and richness by unveiling more about the very building blocks of self-identity, the process whereby individual agency competes with socially sanctioned demands regardless of age. Ethnographic literature dealing with how interpersonal relations are maintained and created by older people have explored and grappled with specific cultural contexts in which modernization, the very changes brought by expanding development projects, impact these social networks (Hegland, Sarraf & Shahbazi 2008). Yet,

while the positioning of oneself in and among social hierarchies is an essential component of being human, “if we are to study the other more than ourselves, a further problem is encountered, the concept of self itself” (Harrington 1993: 266). Central to the foundation of several distinct sub-fields of cultural anthropology, the notion of the self has been shown to lie in opposition to the construction of the other. This dyadic relationship refers both to the individual body and the community of practice it is a part of – the social field created among the collective where personalities are constituted by their organized social relations – in a process of socialization whereby children learn to take the “role of the other” by passing through three stages: imitation, play, and the larger group organization required for participating as part of a team in complex games (Mead 1934). Furthermore, the structure of feelings vital to the continuity of human relationships has been found to be an essential part of identity formation (Harris 1989).

Shaped by cultural practices that change with time, representations of the self have been shown to be embedded in particular frames of reference that are highly contextual, shifting as social actors negotiate statuses and achieve goals (Ewing 1990). Vital to the narratives people use to negotiate relationships, the semiotic devices of metaphor and metonymy are what lead to a conviction of wholeness in world-views and depend more on feelings being expressed as unified rather than any culturally sanctioned logic (Fernandez 1986). These mechanisms have also been attributed “to the process people use to organize and interpret their sense of self” (Ewing 1990: 265) as they experience cohesive, yet multiple, representations in everyday life.

Anthropological research has been demonstrated to holistically and systematically explain social patterns that better reflect the way in which individuals are entrenched in cultural constructions of self and other, and how they elucidate physical environments as contributing to structures of feelings (Messinger 2002). Complementing the psychological record, this is

possible largely due to the cultural processes found in people's narratives that can elicit insight into the influence of social forces on daily life (Bruner 1986; 1990), and the manner in which a sense of place is created as reactions to societal ideals cause sentiments to emerge in different settings (Stets 2006).

Referencing the concept of the imagined community, (Anderson 1981) where the continuity of self-identity is enacted and reenacted within various and changing social milieus, it is not surprising to find ethnicity as a label often politicized in modern diverse societies. Increased pressure to self-identify with labels has been tied with sharp increases in friction between ethnic groups¹¹. In this way, ties to traditions, far from being in conflict with the modernization process, are vital to the invention and enactment of self-identity in the modern era for the political survival and expansion of the nation-state and its citizens (Giddens 1991). Both the processes of the continuous self and the feelings required for group identity have been explored within elderly populations, where identity is created and maintained by the selection of cultural goals and norms for the continuation of the self (Kaufman 1981; Kaufman et al. 2004). Thus, ethnographies of old age have addressed how elders adapt to surroundings by symbolically connecting past experiences with current circumstances, such as in the case of identity formation (Myerhoff 1980), or in contrast to the changing economic environment in which they live, such as in urban centers undergoing pronounced infrastructure modifications (Vesperi 1985).

Finally, theory on regulation of behavior that takes into account the importance of an institution and the way individuals react emotionally to the environment is vital in the

¹¹ As Hobsbawm and Kertzer (1992) point out, the “electoral democracy produces a ready-made machine for minority groups to fight effectively for a share of central resources, once they learn to act as a group and are sufficiently concentrated for electoral purposes.” (5) This may create marketing power for marginalized groups, including the elderly, while simultaneously giving the state a mechanism for defusing tension amongst its population by assigning niches to selected groups separated along socio-economic lines. Competition is therefore “fierce not for comparable resources but for the same resources in the same labor or housing or educational or other markets.” (5) It is this very competition developed within the guise of democratic ideals that, at least for the disadvantaged, maintains their social standing while pressuring the political institutions to pay more attention to them. With the focus on those labeled minorities, of which elderly are but one variant, the standardization process begins anew and creates economic growth for the burgeoning governmental structures needed to organize society.

understanding of self-identity. Here, within the socially constructed and stratified world, sentiment acts as a powerful motivating force, one which anthropological knowledge has repeatedly demonstrated as being part of the unique components of any cultural milieu. Regulation by sentiment, as Myerhoff (1980) dully noted, is a universal feature among humans and is a means for people at any age to cope with unexpected or unavoidable circumstances. As individuals age, the maintenance of the self fashioned over a lifetime may bring both positive and negative effects to patterns of self-regulation. As described in both *activity* and *continuity theory*, elderly may manage their daily existence in similar ways to those employed in the past in order to adapt to change once faced with certain physical, mental and environmental limitations in everyday life experiences. Connected to expression of self-identity in an institution, the dominant theme of invisibility, or being unnoticed, has disturbing psychological and social consequences for those already marginalized in society. Being unnoticed, Myerhoff explained “is usually not even the result of hatred or conscious disdain” (1986: 263), and leads to individuals doubting their own self-worth and value as they begin to feel their existence becoming diminished.

Today in the United States the situation for ethnic minorities is an issue mired in controversy, as the aftermath of violent events¹² demonstrates rather remarkably. In diverse settings such as those found in modern cities like New York City, keeping in mind the borough of Brooklyn where multiple ethnicities and sub-cultural variations coexist, ethnicity plays an important factor for the creation and maintenance of self-identity as concerns the aged (Bengtson and Morgan 1983). This is primarily due to membership in an ethnic group reflecting the larger dimensions of social difference among the elderly, one that manifests in behavioral patterns

¹² The murder of an unarmed black male in Ferguson, Missouri in Augusts 2014 has sparked protests and retaliation against perceived police brutality and is the latest in a string of incidents concerning racial and ethnic divisions within the United States.

when dealing with the problems associated with getting older. When addressing how ethnicity challenges the overall quality of life individuals' experience as they advance in years, two theories stand out that acknowledge a relationship between changes from increased age and ethnic identification in American society: the notions of "double jeopardy" and "age as a leveler" (Arnhoff, Leon & Lorge 1964; Cowgill & Holmes 1972). Accordingly, the theory of double jeopardy is the notion that minority elderly experience a marked devaluation associated with old age in addition to the disadvantages imposed by their minority group status. In contrast, age as a leveler is the notion that minorities may be better off in old age because of two distinct reasons. The first emphasizes fragility in which issues of minority status simply erode their sense of self. And the second acknowledges their minority status, which over time has forced them to adopt coping strategies that aid them adjust to the realities of the elder years.

Recent studies on older adults who are members of minority groups in the United States continue to show differences based on access to care and social networks. As noted by Morin and Midlarsky, in their study relationships differed between social support and psychological distress for White American and African American older adults (2016). In another study on the effects of family relations and social networks of older international migrants, a significantly higher level of depression was reported for elders who had relocated to Los Angeles from China (Liu et al 2016). As studies continue to report group differences, it is evident that that regardless of their background as minorities become older they, too, experience the devaluation attributed to old age in industrial modern societies just as members of the majority class do.

Unmistakably, the psychological effects of social inattention can be strikingly devastating to people of any age when facing death and disappearance. For instance, in a study on the effects of mobility on the social actions of the very old living in a small town community in the United

States, a constant pattern found in narratives was about a value system built on ideals contrary to those found in younger generations. In this context, informants seemed “to feel irrelevant to both the immediate community and to society at large” (Scripps 1996: 249). This detachment from the social realm has many implications. As death becomes more apparent, especially to tenants incapacitated in some form within an institution or bound to their home, sentimental regulations take on new meaning. These meanings are, of course, dependent on cultural ideals learnt over the life course and reiterated with the loss of members.

Anthropological Perspectives on Death: Dying, Grieving, and Mourning

The literature from the anthropological record is extensive on the conceptualization of death. Several themes relevant to this study include the fear of dying and the subsequent grieving and mourning that follows the death of the self or others. The fear of death is one of the most important inner drives of human beings and there are two principal scientific viewpoints about this sentiment. The first takes a social constructed stance, and the *healthy-minded argument* assumes older adults accept death as a fact of life because the fear of death is ingrained in their social realm. In an opposing view, one that is drive oriented centers on a universal instinct of self-preservation, a *morbidly minded argument* discusses the fear of death as a natural attempt to control life-threatening situation. It is repressed in early childhood because it is assumed that if the anxiety of dying were permanently conscious, then it would be paralyzing to the individual. It appears that both viewpoints are partly correct as the strength of repressing a fear of death is explained by the natural tendency towards living (Becker 1973). Continuing this thread, people try to transcend the fear of death through the use of culture and social organization because these processes are a defiant denial of death in the desire for meaning and immortality (Bauman 1992).

Death models arising from traditions in Western Europe, as Ariès (1987) writes, have had a profound effect on the notion of the self. A transition from the social affair of death, which has largely disappeared, led to the medicalization of death now seen in the *invisible death model*. Serving to distance the community from the dying and the deceased, the act of death has become hidden. This hiding coincided with the rise of individualism in the twentieth century. Removed from everyday life, along with the conquering of nature, the transformative act of death as a means to reaffirm social bonds and social solidarity was lost. In turn, from this removal of death from public life Gorer (1965) concludes the subject matter transforms into a pornographic version. Where once Western society surrounded death with means to rejoice in the social order, it has now been imbued with so much shame, discomfort, and repulsion that dying became taboo. As death became concealed in hospitals and nursing homes, the fear of death began to correspond to a type of social rather than biological demise for those near the end of life.

The social construction of death is double faceted and reflects the self and other dichotomy. Fabian (1973) warrants a focus on this dichotomy in any analysis because “it burdens these labors with the knowledge that, in working out an anthropology of death, we strive toward a realistic consciousness of death – ours....The anthropology of death is a form of dying, or of conquering death – which, in the end, may be the same.” (58-59) Ethnographic endeavors create interpretations of social reality as part of the processes under study. The conceptualization of dying, then, becomes a right of passage for the ethnographer since death is full of oppositions and contractions in which the worldview of the collective mind is constructed. In light of this social construction, descriptions on how death and dying is measured have demonstrated their cross-cultural differences. For example, Catedra (1992) describes three types of dying in the principality of Asturias in Northern Spain. In terms of the preceding circumstances leading to the

loss of an individual, there are the three possible outcomes that could lead to someone having a good, a bad, or a tragic death. In turn, each outcome enacts a different level of emotional and social consequences for the relatives of the deceased. In this context, the mode of death determines the emotional grief suffered by relatives, with tragic deaths being the hardest to bear. Knowing the cause of death, especially if someone died in a non-tragic way, becomes an important feature for the expression of grief experienced by members of the collective. In addition, this grief work is exemplified in other ethnographies (see Rosaldo 1993; Scheper-Hughes 1993) stressing the social construction of emotional reactions to death and dying.

In closing, mourning the deceased can be accomplished in many ways that are reflective of the social construction of death and the subsequent grief accompanying loss. Because mourning helps guide the grief stricken, one way collectives accomplish rituals to satisfy this need is through the use of death narratives. As described in rural settings in northern Spain (Roseman 2003) or among urban settings in Israel (Gamliel 2004), in both elderly populations described death was addressed through expressions about broader political and emotional aspects of their collective memory practices.¹³ These public affirmations refuted any feelings an individual may experience, and instead glossed over a sociability of sentiment focused on group performance and expectation.

Mourning is required in any social order to deal with the passing of members. Memory serves as a constant thread in mourning across roles and statuses. Functionally, social memory links death to the required mourning period by allowing the living to grieve, collectively and individually. Moreover, social memory in grief has profound effects on the body and mind. Exploring mourning and memory among family in Greece upon her grandfather's death,

¹³ In the case of the autonomous region of Galicia in the northwest of Spain, elderly engaged in public discourses of death in a socially acceptable way to stress the importance of their shared lower socio-economic standing in the larger society, in this case being landless or land-poor. In the case of urban elderly in Israel, confinement to a dependent living situation designed for older residents meant consistent reminders of their impending demise were present as surrounding peers and friends passed away on a daily basis.

Panourgiá (1995) deconstructs commonsense notions of death and dying as both a researcher and as a family member. In an attempt to reconfigure the subjective / objective divide in anthropological inquiry, the social construction of the death is contextualized to address the bonds holding any population together that need constant attention. Because narratives both deconstruct and reconstruct self-identity, when members pass away grief and mourning have profound effects on the quality of life for those left behind. Ties to a collective memory act to guide behavior in a constant process of negotiation because these relationships are formed by a shared personal, collective, and cultural past. Thus, the construction of self-identity sustains a sense of purpose by reaffirming and establishing the interpersonal bonds required to maintain any cultural system.

II. The Setting: Contextualizing Brooklyn, New York

Like many other cities in the United States in the 1970s, the financial and population loss of New York City was due in large part because of the expanding suburbs that had become the focus of economic development in the 1960s. With the city experiencing bankruptcy by the mid-1970s, the separated reality of urban versus suburban finally took a dramatic turn for the worse¹⁴. In this context, urban neighborhoods once guarded and protected by long-term residents were changed as the character of the core relationships between neighbors was altered by the new economic realities (Susser 1982).

While major investments were being made across the state, parts of Brooklyn were essentially run down and had become at that point a shadow of their prior glory, much like the Bronx. This sentiment was elaborated and confirmed by comments of former Mayor Bloomberg when he spoke during his weekly radio address¹⁵:

It's not only the Bronx that's getting safer by the day – for example, look at Brooklyn. Last year, for the first time since the early 1960s, Brooklyn had fewer than 150 homicides. And this year, like the Bronx, it's on pace to have even fewer. Brooklyn has roughly the same population as the whole city of Chicago – but in the first half of 2013, there were 188 murders in Chicago, more than double Brooklyn's total of 71. Brooklyn has about four times as many people as Baltimore – but through July 1st of this year, Baltimore had 117 murders compared to Brooklyn's 71 (Retrieved online, January 29, 2015).

Clearly, the transformation has been beneficial, and the high homicide rate of the past has been one of the most pressing issues government administrations use to measure their effectiveness.

¹⁴ After the drastic movement of people out of the urban centers, cities across the United States experienced a social vacuum created by the lack of inhabitants contributing to the local economic and social realms. The fiscal crisis of the early 1970s represented and instituted an early model for fundamental restructuring of public policy towards the dismantlement of social service programs. This established the current patterns in welfare, and led to a more highly stratified and less socially responsible society. Thus, the alterations to the experiences of working class life in NYC reflects this transformation as a response to the corporate demands of globalism in an advanced capitalist society (Hanchett 1998).

¹⁵ As prepared for broadcast on 1010 WINS News Radio (July 21, 2013)

Current studies on how the process of gentrification has changed Brooklyn have mainly focused on the attraction to the borough by wealthier upper middle-class White populations¹⁶. By encapsulating Brooklyn as an alternative to Manhattan and conformist suburbia, in a newly formed culturally sanctioned vision of low houses, tight-knit streets, and ethnic diversity, the once neglected and abandoned urban enclave becomes enticing to those willing to venture forth and invest in its rehabilitation. In their search for authenticity, this wealthier and more educated group continues to strive to remake the decrepit aspects of the city along cultural patterns acquired from their former suburban lives (Osman 2011). Initially accomplished by the buying and selling of dilapidated brownstones in order to convert into cheap rooming houses, now, in the hope of restoring the buildings to their once former aristocratic grandeur, the process has the tendency to evict long standing tenants along the way.

Economic Change and Social Transformation in Park Slope

To understand this frustration among tenants and neighbors, it is necessary to review the historical precedents that led to the current situation. Nestled in an area of contrasting socio-economic realities, Park Slope has been attracting a burgeoning elite and upper-middle-class population for many years, becoming known for its wealthy and famous residents as well as its proximity to Prospect Park. Within the larger political economic context of American capitalist society, the ethnic composition of the process of gentrification in Park Slope has been predominately been made by working class Americans of Irish and Italian descent. It has been embedded in a “discourse about a moral vision of renovation, restoration and cultural renaissance of quality of life” whereby brownstone-lined streets and high-achieving public schools have been focal points for those willing to stay and be “pioneers” (Draper 1991). This notion of being a

¹⁶ Tenants referred to themselves as White, yet forms in the social worker office referred to this population as Caucasian. For purposes of this study, the terms are used interchangeably to reinforce the discrepancy between the way tenants spoke about their ethnic composition and the way the outside world described it.

pioneer was lost on those who resided in Park Slope for many years, especially those who stayed through the hard economic years prior to the revitalization that began in the 1970s and took over 20 years to flourish. Prior development research from the 1970s demonstrates the fecundity of injections of funds into areas deemed worthy of expansion, such as the common comparison of Manhattan's Upper West Side and Brooklyn's Park Slope, via capital economic projects. In his astute analysis, Osman (2011) identifies how the way in which these brownstones were actually put up en masse by developers was the equivalent of the very suburban tract homes gentrifiers (the "Yuppies" my informants consistently bashed) are attempting to escape in the first place. The impact of such projects was triangulated by the life histories of my informants, who repeatedly mentioned the changes brought over their lifetimes to the area directly surrounding the geriatric residential complex.

Delving into this period, from the late 1970s onward, I began to better understand how different this neighborhood was and how informants adapted to the new realities. An important feature of my informants' life histories over and over again centered on public policy initiatives given the current economic success of the many revitalization projects and injection of funds into Park Slope. One of the neighborly informants I met serendipitously, Janice¹⁷, mentioned to me off-handedly and rather candidly one day that "if you ever write a book or delve deeper into that time period, it's pretty interesting because a lot of crazy events took place." Indeed she had just finished discussing her past living only a few blocks north of the Shady Grove Apartments with her father who has been of late having issues with his landlord it what appears to be an attempt to push him out for wealthier patrons searching for apartments.

Evictions in the neighborhood have become rife since owners can now make a larger profit margin in one of two ways. In the first method, they sell to a third party for large sums

¹⁷ Pseudonym: all names have been changed to protect the anonymity of informants.

given the housing market in Park Slope; in the second method, they transform the inside of the decrepit apartments into luxury rentals. In either case, it is in the economic interests of the owners to have tenants leave willingly, with upkeep of the properties dwindling sometimes until the renters move out of their own accord in a move deemed illegal by the city council. Janice's father has been experiencing the latter, as she explained to me while sitting in a student lounge in a local university in Manhattan where she has returned to switch careers. Now in her late 30s, she bore witness to a recent past unrecognizable to most occupants of Park Slope. Viewing these changes mostly in a positive light, Janice nevertheless experienced some of the negative consequences such policy has when it is mostly aimed at creating a space for a new type of person to inhabit. She recalled:

I mean I think my dad's holding until the end. He loves it so much and he's like, 'I'm not leaving, where am I going?' He raised his family there and he has so many memories. He knows everyone in the neighborhood. At this stage of the game, he's kind of an old man. So he doesn't want to move. We had a great time. Even though we didn't have what, you know, the yuppies have now.

When I asked her to clarify some of her comments during our interview – especially on labels given to groups of people with access to funds or other forms of wealth – Janice mentioned the 'Yuppies' or the gentrifiers who came to transform the neighborhood in the 1980s and 1990s from its turbulent years after the financial collapse of New York City in the 1970s:

Well, I grew up in a time when they first started to, I say, infiltrate the neighborhood, whereby, we always knew who was in the neighborhood, who was on the block, you know? And, outsiders weren't really welcome because we would be like, 'This is a stranger. Who is this person?' So when they first started to come in, we were like, 'What is he doing over here? What does he want? Who is that?' And then we noticed that people were moving out and we would ask, 'Why are you moving out?' And they would say 'Oh, because we got bought out, they gave us three times the price.' And we would get upset. Like everybody's leaving because of these yuppies, this is ridiculous! And my dad, he - you know, he refused many times even though he had to suffer under sometimes bad conditions like no heat and things of that nature. And I used to even tell him, 'Just go!'

Other elderly informants discussed the problems they had with the increasing rents and the ways landlords had forced them to leave the rental because of neglect. Janice confirmed this with her father's current crisis:

Yeah, he's renting, but it's a huge apartment on 8th Avenue 12th street, and he has rent control. But now the landlord is taking him to court. And my dad says he has a lawyer. He's probably going to lose. But it's a constant battle whereby these people will pay through the nose just to say, 'I live in Park Slope,' which is amazing to me because when I was in Park Slope, I would be embarrassed. If somebody asked me, 'Where do you live?'...I would say 'Brooklyn.' I didn't want to say Park Slope because they knew that was, like, hood. That was like the ghetto, you know? And I would be embarrassed. I remember like a shootout in the playground of Prospect Park where I would hide underneath the swings and wait for the shooting to stop and then get back on the swing. So, when they revitalized everything and they totally redid that playground and the whole park, I was amazed. I was like why didn't we have this when I was a kid? We used to have like a rusty monkey bar. Everybody remembers you would get this rust on your hands from swinging. They were very rough and [pause] aggressive. Not just my parents, everyone in the neighborhood. We just - we didn't rely on the police. We sort of looked out for each other. But it was kind of violent, I didn't realize it growing up, but now that I'm an adult, I'm like, 'Wow, that was pretty violent!'

The insult described by Janice is two-fold because while her and her family stayed in Brooklyn, they suffered the violent trends associated with the area at the time. This had the effect of making the residents of Park Slope and its vicinities rougher on the edges; being aggressive was a means of survival. In continuing, Janice discusses how neighbors relied more on each other than the police to confront crime. As she analyzed when I asked her why they did not rely on the police, she stated:

Because once the police get involved, they tend to get caught up in the bureaucracy of things and they don't do anything. We used to think like, 'All right, you're going to tell them that he followed you, big deal. He'll follow you again. They'll make a report, big deal.' But once the guy gets a beat down, he's never going to do it again. And he knows not to mess with you. That's how it was back then. So, I didn't really grow up on the streets as they say like a drug addict or a hooker. I grew up on the streets, meaning we were allowed to have free play. We didn't worry about strangers and perverts and weirdoes and kidnappers. We just enjoyed the neighborhood.

Later on while discussing the investments from a mixture of private and public funds in the neighborhood, Janice continues to express frustration with the newly found class differential. Emerging out of an influx of more affluent and educated people, the neighborhood she remembers so vividly with tales of woe and aggression begin to fade as she recollects her encounters with the new social boundaries. Contradictorily, her stance is at once acutely aware and accepting of the positive aspects of the economics involved, and in tandem admittedly full of rejection of a higher social status afforded newcomers that makes her feel so out of place:

And they really transformed it a lot. And, you know, they're always trying to fix it up I guess because they're investing so much money in it. So that's really what's happening. I see that part is changing also. It's really, you know, totally turning into the Park Slope that we know on 7th Avenue. But I think the businesses don't seem to do as well. They tend to fail really quickly because there's not really that many yuppies that live on that side. But what's happening is the yuppies, they can't find a place on 7th Avenue. They get upset. 'All right, I'll pay through the nose for 8th Avenue. Oh I can't get that, then I'll go to Windsor Terrace because I'm still in Park Slope, really.' Okay, so they moved over there, sort of migrating in that area. It's going to take a while before we see a change of the area, but it's happening. And there's a friend of mine, she lives by the park side and she refuses to leave her apartment even though like her apartment is filled with roaches. For me, I can't deal with roaches, water bugs, mice, anything. It has to be like this, completely clean. I can't live, I can't sleep, you know? So she's just like, "I don't care. I'm not letting the yuppies take over this apartment. They'll clean it out and everything, but I'm not leaving. So I'm like, 'All right, whatever!' It's her business. I'll just try not to visit her. They [the yuppies/gentrifiers] make me sick. They make me want to just barf. That's why I don't like going there. I'll call it just so yuppified - it's gross! It's almost like they - okay, if they are spending money, then good. But they have their nose up in the air. You know, they only eat organic. And they walk slow and they have their dog in a double stroller. And they're just like - their conversations are so boring and like crass. It's like they're so phony. They're not like, to me, real people. It's not like they say, 'Hey, what's up? What's going on?' They'll be like, 'So how's your daughter doing at that new prep school?' And it's just sickening, like something out of a movie.

The physical agitation brought on Janice as she describes feeling ill because of the "Yuppies" speaks to the power of the new social order with a group supported by the uneven exchanges inherent in market capitalism. Class, more than any other social factor, functions as a double-edged sword for her. Admitting the changes were positive, her access to the new Park Slope has

been limited by her memories of the past, as she explained when I asked to reflect on how it was when she was young:

It's a blessing that they came in and they revitalized the neighborhood. It looks great and all that. But they're sucking out the real energy and the real personality of what started it all, you know, which is family, community, and just trying to, like, enjoy life and have this wonderful environment. What happens is the more these yuppies come in, it's like they're not looking out for each other. They're on their own islands. You know what I mean? It's like if someone from around the corner just got into a fight, the whole neighborhood would have come out and to find out what happened, you know, what's up. If someone now like falls down in Park Slope, they'll just like call an ambulance. Nobody cares. It's so different. It's like - I don't know. It's losing that flavor to the point where a lot of people, they're getting so turned off that I know that they won't even go back because they don't want to see all that. It's almost like, I say back in the day when the concerts first started in Prospect Park, I remember I was on my bike. I was like, 'Why are they building this bench? What are they doing here?' you know? And then when they started having the concerts, we were like, 'All right, this is cool.' And we used to be like front row and they would interact with us on the stage, it was cool. But I say once the yuppies came in, now like you have to be part of a group, you know? Some people have certain privileges. If you stand up, they say, 'Oh, sit down, sit down,' or you have to go to the back because they get there early, they all fill up. And you feel so marginalized. You feel like, 'Hey, you know, it started around my time and they just completely took over!' I don't even go now. Why should I even bother?

These sentiments and thoughts about the very drastic economic changes and the class differences present today were not only felt on the street. Elderly who were lucky enough to obtain an apartment at a fraction of the cost of rent regularly made these distinctions. They told me it was because they felt it made them apart in some aspects from the newcomers arriving with money and prestige not afforded them during their lifetimes. From the elderly tenant's point of view, the neighborhood was being invaded, and Margaret, who has lived in the Shady Grove Apartments since it was first opened in 1981 and is now 95 years old, made this ever so clear to me when she exclaimed "I'm not out to see it, but there's *tremendous* [emphasis stressed] changes. Beginning with our church up here. It scares me!" Being wheelchair bound due to various ailments, she cannot make it out of the building to see all of the changes immediately occurring and alludes briefly to how her lack of mobility has severely limited where and when

she can explore the neighborhood. And yet, a reliance on the social networks she created over the years at the facility and within the neighborhood in the form of family and friends fulfills a vital component of the way she navigates the social environment and obtains missing information. Sarcastically, her initial reaction to my question is jokingly downplayed when describing her perceptions outside the residence in an attempt to underscore how severely affected she is by the scattering of her kin due to forces they have no control over. As Margaret continued:

The changes, they don't really scare me [laughs], but what we have in this neighborhood now is all very wealthy people. They're right on the street here, where one of my first cousins lives, his mother-in-law bought a house 'a thousand years ago' for about maybe ten dollars, I don't know. Whatever those houses were going for. One of my cousins a few blocks over, his house was appraised last week, two weeks ago, over a million dollars. It's only a single, one family house. They did finish the basement because her brother lives there. But my God, over a million dollars! It's only a single, one family house! It's not a fit place to live anymore for young people. My son says it, and I don't want to listen to him, but it's true. You cannot afford to live in this neighborhood. One time it was a working class neighborhood. In my day, everybody was a worker. Men had nice jobs, but they weren't millionaires like we have here now. The damn things, I mean I know a friend of mine lived right here on the corner, that red house on the corner there on, what is it? 13th street's next to me? Fifteenth Street I guess it is. Yes, he had the first house there – a friend of ours – red brick house. But he didn't have good hearing, and his health wasn't good, and his wife had no relatives here, she was from Ireland. They had two sons, they married and moved to Jersey. So I used to walk with him up and down the block now and then. And he said to me one day, 'you know Margaret' he said, 'I have to, I'm thinking, I have to move, relocate to Jersey because I don't feel well,' he was sick then, not well. 'And if I die, Peggy [his wife] is going to be alone over here in this big old house.' He said, 'my sons are in Jersey, both of them. I think I'll move there.' He put the sign out one evening, the next evening his house was gone! That's how quick he sold it. Some rich...[pause] I shouldn't say that, that's an ugly word, but he had to be rich. A rich man, excuse me, came by, he looked up at out of the subway, and he said 'Can my wife see the house in the morning?' and he bought his house. But that's what the rich people from Manhattan do – why they came – they see the subway and they lose their mind! So that's why we're invaded here. It's a very wealthy neighborhood now. And young people cannot live here. Where are they getting money? My sons can't live here. They're in Jersey, they can't afford a house here! They need a house, but they can't afford it here. It's not for, you know, working people anymore. What can you do?

As Margaret correctly points out, the chances for most of the former inhabitants of Park Slope owning a home there has diminished significantly in the past twenty years, where the mean sale price for a small (under 1000 square foot), three-bedroom apartment ranges from \$700,000 to

\$800,000, well out of the reach of the average salary for the middle class in New York City whose median salaries account for a Gross Domestic Product (GDP) of under \$50,000/annually.

Affordable Housing Options

Today, as has been the case for a very long time, there is an urgent need for housing options for the elderly poor in New York City. Despite a complex mix of federal, state, and local programs to help seniors on fixed incomes with the cost of housing, many seniors in the city still experience housing insecurity. Traditionally planned senior housing has been in short supply in the city for many years, and the small number of placements that do exist at any given time are often far removed from the neighborhoods in which these people have lived and built social networks (Senior Housing Report 2008). This is in part due to larger regional and global economic forces that profoundly altered the structure of the family, with many children and grandchildren are far removed from their older kin.

Of the various issues intertwined in the social world of aging in New York City in general, and in Brooklyn in particular, the current shortage of affordable housing units has become a ubiquitous and contentious issue. Mired in more recent economic restructuring of the borough as well as the gentrification of several neighborhoods, by tracing the history of Park Slope one may elicit the manner in which older settlement patterns led to the present day urban entanglements. Simply walking along the narrow streets and long avenues of Park Slope, and asking people to name its boundaries can cause confusion, as I found myself doing in an attempt to understand the area. Evidently, local perceptions of the neighborhood vary to a large degree from the methods used for defining boundaries by the city government. When compared to maps created by incorporation of census statistics to form health area districts as well as the numerous forms of electoral districts, I found none of them truly corresponded to the district divisions

made by those who call them home. As Susser (1982) notes, these divisions, in turn, limited and constrain the portrayal and perceptions of what constitutes a community for long-time residents. This eventually culminated in the divisions based on racial and ethnic characteristics within the urban landscape mainly due to housing discrimination and gaps in income (Hanchett 1998) as seen in a recent map of the area (Appendix III).

Consumer spenders are not the only collective benefiting from bust and boom economic cycles. Since the 1970s the Charity Corporation (TCC)¹⁸ has bought vacant land and derelict buildings as well. TCC serves as an affordable housing developer for the Brooklyn division, and land acquisitions of this sort served a two-fold purpose. The first is the way the charity desires to act as a catalyst for economic growth in a designated neighborhood deemed worthy. TCC converted vacant land and buildings into affordable housing units and, as a result, altered the lives of individuals and families in need by maintaining affordable properties, which include family housing, senior housing, and single room occupancy housing for the formerly homeless. Over the past 37 years, TCC has completed more than 3,600 units of housing, including 2,186 units of housing for low-income older adults, 1,068 units of family housing and 433 units of supportive housing for formerly homeless and individuals suffering mental illness or behavioral circumstances. More than 90% of all tenants in these affordable housing units have incomes below the 30% margin of the annual median income for the city.¹⁹ The management provided by TCC emphasized quality affordable housing with a vital link to social services, in an attempt to instill a sense of home, community, and family for its residents. Thus, fulfilling its second mission purpose.

¹⁸ The name of the charity corporation has been changed to protect its anonymity.

¹⁹ currently listed as GPD of under \$50,000/annually.

What TCC accomplished with the purchases and conversions into housing for seniors and the disabled in the 1970s would be too costly in today's economy²⁰. This is especially true for my field site in Park Slope given the accelerating real estate market in New York City in general and Brooklyn in particular. The land bought for geriatric residential complex, and the building procured, was accomplished during a time when investment in Brooklyn was driven by social institutions, especially the city and state government's mixed used schemes. Crime was at an all-time high and the city was still struggling with the bankruptcy of the early 1970s.

Living Arrangements at a Charity Housing Center for the Elderly and Disabled

While the fervor for crime reduction has made the city a safer space, it has also made it a more expensive place to live. However, there are a few options to address the issues plaguing the unbalanced distribution of wealth affecting the housing market. In an attempt to make housing more affordable to those on the edge of the socio-economic ladder, the city created the New York City Housing Authority (NYCHA) to provide the structures that the federally funded Section 8 program subsidizes. While NYCHA aims to provide adequate and reasonably-priced apartments for low-and moderate-income residents throughout the five boroughs, with maintenance and modernization of these developments are handled by a central office, which also administers a citywide Section 8 Leased Housing Program that is located in individual rental apartments. Section 8, also known as the Housing Choice Voucher Program, provides housing assistance by funding rent subsidies to eligible individuals and families with low incomes. Once selected, these individuals and families choose housing within a neighborhood of their choice from a landlord willing to participate in the program, which is very different from those eligible for regular NYCHA apartments. As of May 2007, the year in which the effects of the global

²⁰ In contrast, the most recent development at the charity including a new center created by TCC to house the elderly, disabled, and mentally challenged in a newly constructed building located near the John Fitzgerald Kennedy (JFK) international airport. The land surrounding the airport is much cheaper to purchase in comparison to that in the urban core.

economic downturn began being felt by many, NYCHA only accepted Section 8 applications from those classified as “emergency applicants” or intimidated witnesses and victims of domestic violence. For the voucher program, the family or individual pays 30% of their annual household income as the difference between the contract rent approved for the owner and the amount subsidized by the program, where rental payments cannot exceed more than 40 percent of the individual or family’s household income. Each year apartments must be inspected to ensure that the home is being maintained and free from any dangerous or unhealthy conditions, and participants in the program are required by federal law to submit household income documentation each year to determine continued eligibility. As part of my research I was able to partake in this process, called the re-certification or the annual review, at Shady Grove Apartments. As of October 2012, there were over 122,000 applicants on the preliminary waiting list for Section 8 Housing²¹ and many of my informants stressed how they had waited for several years to be eventually turned down.

Clearly, Section 8 housing is not only confined to public entities. Shady Grove Apartments I studied attests to the way private alternatives to the city housing options exist for the elderly poor. Even though several local charities have established residences over the last thirty years in attempts to stem the tide of social trauma caused by concerns of housing scarcity, space continues to be a major issue. Located in the neighborhood of Park Slope, for the first twenty years from its inception residents were mainly selected from the direct vicinity. However, due to changing class-based demographics in the area surrounding Prospect Park, and in Brooklyn in general, the institution has had to expand its source of tenants that better represents new patterns of immigration to New York City. This has seen a significant ethnic-based demographic shift in the tenant body, one that does not reflect the composition of those residing

²¹ Compiled from informants and the NYCHA website: <http://www.nyc.gov/html/nycha/html/home/home.shtml>

in Park Slope. One of the main reasons for this demographic shift has been because of the rising costs of living in the area of Park Slope that has made it one of the most sought after locations in Brooklyn. Thus, the Park Slope of today is largely out of reach for the lower socio-economic classes that inhabited it for the past sixty years.

The Structure

Constructed in the late 1970s as a way to address issues of poverty and homelessness for indigent elders and disabled people in Brooklyn, the Shady Grove Apartments consists of 200 units, which houses over 250 people at any given time. The complex sponsored by TCC has seven floors with two spacious elevators to accommodate those in wheelchairs or using walkers. There is a lush garden with parking for residents and their guests in the rear. While there are two communal rooms for residents to use, these are closed to outsiders and non-residents since only tenants, their guests, and staff may enter the premises without permission from the administration of the charity.

In spite of the building's structure protecting tenants from the elements of nature, the u-shaped design with its long hallways and small gathering space only on the first floor limited their social interactions. In what could be mistaken for a mental health or hospital ward, the units were aligned in a simple formation to make them wheelchair accessible. Everyone had a window to look out onto the world surrounding, yet with a few exceptions they did not necessarily have the space to engage with neighbors. These exceptions included a foyer, two rooms designated as communal, and a courted and walled outside patio with an extended garden. The seated foyer with about twenty-five seats was found upon entering the building and had 24-hour security with a guard at the front desk. Of the two rooms tenants could use, the first floor community room was limited to seventy-five people as designated by the fire department for safety reasons.

Equally limiting, the patio leading to the garden with chairs could serve no more than fifty at any given time and was seldom used for community events.

It was not surprising to discover that the exterior of Shady Grove Apartments had been used to film hospital exterior scenes in the 1997 film *As Good As Gets*. Looming over the neighborhood of mostly brownstone and row houses built during the turn of the 20th century, the apartment complex stands out as different, where it has been mistaken in the local press as either a nursing home or a long-term care facility, serving as neither. To my surprise, informants from the neighborhood had many incorrect assumptions about the elderly tenants of the charity-run residence. They tended to recollect Shady Grove Apartments as an elite establishment. Janice, who grew up just a short distance from the facility, had just retold a story about growing up in Park Slope during the 1980s: since her family did not have money for luxuries such as air conditioning it was a common occurrence for someone to open the fire hydrants. In a short exchange between us, the idea that the elderly tenants must have access to some amount of wealth was examined:

Janice: I remember all the old people getting wheeled in and out. And they were pretty cool. We thought ‘They must’ve been the rich elderly. It was never run down really.’ And nobody ever went over there and messed with them. We always respected our elders.

Researcher: Do you consider them rich?

Janice: Yeah, because like we’ve figured they have this, like, apartment in the sky and they’re being taken care of. They got some service, you know?

Researcher: Did you ever go in or meet with them on the street?

Janice: No, but we would just be like, ‘Wow, I wonder how it is in there?’ You know? Sort of like, ‘They must have a good life in there.’ Air conditioning – clean! – stuff like that.

In reality, the housing complex was a place for independent living following the predominant trend in geriatric social services to allow people to age-in-place.

The Tenants

The age of residents within Shady Grove Apartments whom I encountered ranged from 68 to 100 years old, and came from various backgrounds, ethnically and linguistically. The largest barrier between all subjects I encountered was their ability to communicate in English. My ability to speak to some degree of fluency both Spanish and Mandarin was useful, yet my interactions with the majority of residents was rather limited since over 70% of the population at the residence spoke Cantonese or Russian as their mother tongue. Because I do not speak these languages, my interactions with them were for the most part nonverbal. Hence, the deeper I became immersed, the more I focused on those who had resided in New York City for the majority of their lifetime and spoke English as their primary language.

According to the director of housing, there were 253 residents at the time of my first formal introduction to the building in February 2012. Categorized along racial and ethnic lines by the administration, I was told that the tenant population was comprised of the following ethnic configuration: 31% White, 59% Asian, 7% Hispanic and 3% Black. According to the business manager, 100% were American passport holders. However, these vital statistics do not correspond to the way people were divided. These personal categories used to describe the tenants by the administration of the institution were not always in agreement with how tenants described themselves. For the most part, these labels had more to do with the demands of ethnic labeling for reporting purposes to the federal and state governments.

Categorical markers of identity can be examined in many ways. The sole purpose of highlighting these groups is to show the inconsistencies within the labeling system of this

particular space. Collectively, the tenants all faced larger forces shaping the allocation of resources at the center, and as caretakers noted, these labels affected them differently. Using a method that considers identity in what Holland et al. (1998) called “cultural identities,” or those formed in “relation to major structural features of society,” (7) is well suited for this endeavor. In addition, the sense of identity described in Ewing’s framework on emotion in migrant populations comes into play and harbors strength in dichotomies based on ethnic origin (2007). Partly, labeling systems are attempts to conceptualize and capture the complexities of social life by describing these broad categories. Yet, they also serve to reduce and minimize some of these very same complexities. While one system was superimposed on the tenants by the institution from the administration of Shady Grove Apartments, the other was generated from interactions among tenants. The two often converged and refuted each other, adding to the conflicts at the core of the tenants’ self-identity.

Taking the initial ethnic categories provided to me as identifiers tied to the established notions of ethnicity as reported in the U.S. Census, I have further divided them to explain the tenant population. This includes an expansion of the original term and inclusion of the linguistic domains within each unit. At the residence, the ethnic configuration of the tenants included:

- **Caucasian/White:** Those labeled Caucasian by the administration for reporting purposes, and called White in their own terms. These were individuals with a wide range of European ancestry. The three main countries of origin were Italy, Ireland, and Russia. All were native English or Russian speakers, with a few exceptions. These included individuals who were all near native English speakers and yet were born outside the U.S., including Denmark, and the Ukraine. Additionally, they were subdivided into those born in the United States and those born outside.
- **Asian/Chinese:** Those labeled Asian by the administration for reporting purposes, and called Chinese by other tenants. They were originally from the East Asian nations of China, Malaysia, and Korea. (See below for more details).

- **Hispanic/Spanish:** Those labeled Hispanic by the administration for reporting purposes, and called Spanish by other tenants. They all were originally from the U.S. commonwealth territory of Puerto Rico. (See below for more details).
- **African-American/Black:** Those labeled African-American or Black by the administration for reporting purposes, and called Black by other tenants. These terms were often used interchangeably on forms, but never by tenants. In addition, they all arrived from the south-east of the United States originally, with one exception. One tenant was from the island nation of Jamaica, yet had lived in the United States for over 30 years. This population is equally stratified and diverse, yet I cannot comment further due to lack of data collected.

These distinctions are made to show the practice of categorical identities as they are experienced and lived in at Shady Grove Apartments. For it is within these units of analysis where distinctions can be analyzed. For example, informants who came from Puerto Rico had access to English at an early age, and automatically received American passports due to the island's status as a commonwealth of the United States; these people effectively bypassed the immigration system that people from other countries had to navigate to receive financial assistance as a senior citizen. Puerto Rican informants either had no family connections to the island (i.e., with all of their family located in New York City) or had lost contact with these ties in Puerto Rico over the years. These distinctions are made in part to critique the concept and use of the term "Hispanic" as a catch-all phrase for labeling what is actually a stratified and diverse population.

Tenants who spoke Cantonese, Mandarin, or Korean were categorized together as Asian on the forms used in the social worker office. Collectively, other tenants referred to residents who hailed from East Asian countries as "Chinese". This label was given even when these individuals may have come from different parts of East Asia, such as Malaysia, or different parts of Mainland China. The diversity of languages in East Asia, especially in China, should not be

overestimated; even within regions, Chinese dialects²² are mutually unintelligible at times. A common thread this group faced were the similar challenges of attaining citizenship via the immigration system when looking to receive financial assistance. Yet, this was done before they moved into Shady Grove Apartments. To put it simply, the true diversity of this segment of the population at the facility was understated with the official and unofficial demographic markers used by tenants and their caretakers.

My informants described others according to their perception of them and their ability to communicate with them. In this case, tenants were lumped into broad and sometimes overlapping labels entangled in experiential and embodied categories. Collectively, all native or near native English-speaking residents were alluded to as “American” regardless of appearance as long as they were not monolingual Spanish speakers. However, normally within informal conversations after events or when I was alone with tenants in the confines of their apartments they would identify others in other terms. When the topic was broached there was a distinction made based on a trio of subcategories broken down to include “White”, “Black”, and “Spanish.” These different types of Americans could be separated by color, as was done between the White and Black tenants, or by mother tongue as the Spanish speakers were. At the end of the day all of the tenants were in fact American given their status as holders of U.S. passports. The history and mythology of the United States is fraught with tales of migrants from faraway lands making new lives for their next of kin. However, exclusion that allowed specific nationalities while excluding others²³ was a common thread of this history. In fact, most of my informants were the children of

²² A long held belief has used the name Chinese in lieu of the shared writing system of several different languages. For example, while Cantonese and Mandarin share a common writing system – *hànzì* 「漢字」 – speakers of either can read the characters of other, but may not be able to communicate verbally without formal or informal training.

²³ The Chinese Exclusion Act of 1882 significantly limited the free movement of people into the United States by prohibiting all immigration of Chinese laborers. Later redacted in the 1920s, and repealed in the 1940s, the implementation of the Immigration and Nationality Act of 1965 finally abolished the prior national origins quota system. This new act replaced the preference system based on ethnic origins with one focused on the skill set acquired by the immigrants' skills and family relationships with United States citizens or residents. The prior preference systems excluded people from Asia and Africa as well as people from southern and eastern European countries. Instead, it favored those from northern

migrants as very few of them were raised in Park Slope when young. They had migrated from different parts of the city either to live in the neighborhood or to live at the facility after attempting to reside with their children or siblings as they aged. However, their reluctance to take note of this social fact was mired in the sometimes nationalistic and other times ethnocentric narratives based on these categorical identity markers.

The Caretakers

Taking care of the tenants was work that came in many forms. This was accomplished by a diverse set of social actors. To address the different issues and concerns for each type of care given and the relationships developed with tenants, these helpers can be divided into four categories. These include family and friends of tenants, the staff hired by the TCC, the unpaid interns and volunteers approved by the TCC, and the home attendants paid for by a mix of state, federal, and/or personal funds.

Because of their unique position in the housing complex, the role and responsibility of the social workers are described in greater detail in Chapter IV. Social workers commanded a role that was somewhere in between those commanded by kin and the rest of the administration. On one hand they strove to advocate for the tenants in all areas of their lives, whether economic, physical, or social. On the other, they worked for TCC and had a duty to uphold certain standards expected of them professionally. Only the social work coordinator was a paid employee of TCC, yet multiple staff members were needed to fulfill the obligations and responsibilities of the position. Unpaid interns and volunteers took over these tasks. The two social work interns were students in graduate school at a local college, and worked three days a week from September to May during the school year. The volunteers were also under the

and western European countries within a trans-Atlantic system of trade and commerce for the populating of a light-skinned body-politic. This became the new white Euro-American ethnic group with members sharing variations of phenotypic gene expression.

purview of the social work coordinator, yet their schedule was more flexible. Unpaid volunteerism played an important role at the institution, and volunteers took guidance from the social work coordinator by expanding the role of social workers throughout many activities.

By and large, family and friends of tenants did impact the structure of the institution, but in an indirect way. While they could make demands from the administration and social workers, for the most part they used the services provided to care for their kin when they could not be directly involved. Relations were cordial among external kin and administration as far as I could tell, with the exception of those kin or friends residing at the housing center illegally. These individuals, while not actively confronted by workers for TCC, were a point of contention. More details about friends and family are discussed in Chapter V.

Staff hired by TCC included administrators, custodial and security staff, as well as the social workers. The housing director was head of the facility, yet worked at this site part-time while simultaneously managing another housing unit on the other side of the Gowanus Canal owned by TCC. This role included being the manager of the institution and boss for all staff, and conducting annual inspections of apartments for compliance to housing codes established by the city. The business manager worked full time at the site, and organized tenant's entry and exit into the housing complex in accordance with guidelines for eligibility set up by TCC. In addition, the business manager's role was to oversee collection of monthly rent, and make adjustments based on tenant's fluctuating income. Based on tenant's date of entry the business manager would conduct an annual review of tenant's income. Tenants would need to supply financial statements for the previous year to prove they did not have wealth accumulating. The administrative secretary worked part time and was hired to assist the business manager on the lengthy processes of tenant entry, annual reviews of finances, and tenant exit. The four full time custodial staff

members were managed by the live in superintendant. Their jobs as manual laborers ranged from cleaning the hallways and common areas to general maintenance of the building. While paid by TCC, the security guards were subcontracted from a regional company. For the most part there were consistent guards who had strong bonds with TCC staff and tenants. If the need arose, at any time the institution could have them replaced and this played a large role in security guard relations among others. This complex set of relations between the staff hired by TCC and tenants are analyzed further in Chapter VI.

Overall, caretaking was shared among these various groups, with different levels of interest towards the tenant population exhibited. Caretaking was shared partly because the skill set of the groups varied tremendously, and partly because some physical and emotional practices involved in the process were accepted better than others by the tenants. Whenever a challenging situation arose, the social workers were always the default party other caretakers went to for advice or referrals. Their office was the center of tenant concerns when made public, and issues adversely affecting other parts of the institution spilt into their office, regardless of whether warranted or not.

Moving In: The Lottery System

To ensure equity and access to a larger segment of the elderly poor, entry into Shady Grove Apartments is based on a lottery system. Since Section 8 rental apartments are not easy to obtain, the current waiting time was over five years on average. Under the management of TCC, all requests for applications need to be made in writing (TCC Portfolio Summary 2014), and yet I never found any specific forms or documents other than a brief statement online hidden under many layers of bureaucratic red tape. Just exactly how tenants managed to get their names on the waiting list remained a mystery to me for two distinct reasons: the manner in which the charity

bureaucracy functioned, leaving administration staff onsite in the dark a lot of the time, and because so many of the tenants simply could not recall the exact process or procedure due to the long wait time. One of my oldest informants, Olga, had just turned 100 the month before I interviewed her and unpredictably gave one of the most detailed explanations on the familial circumstances influencing her decision to live at Shady Grove Apartments. Olga surmised:

And my sister wanted me to go and live with her. She was renting an apartment for the two of us with a bedroom for me. And she was very difficult, I had found out over the years, and I wasn't having any of that. So I said, 'I'm going into Shady Grove Apartments when I get in.' She says 'Well, okay, when are you moving?' She wanted to get her end of the plan moved. So I said, 'Okay.' I applied and they took me

Olga was raised nearby in Park Slope and lived in adjacent neighborhoods throughout her life. She was somewhat connected to the social order as it existed then, as is demonstrated when she mentions how she would move in when she got in, regardless of the lottery system set in place. Certainly, when the residence was first constructed, there seems to have been a less formal system in place for granting acceptance. Many of my informants who moved in the 1980s had personal contacts either in the building, church bureaucracy, or within the charity itself. Since the turn of the century, there has been a stricter adherence to the lottery system, at least from the administrative staff's point of view, and a diminishing effect on the former grassroots-style tenant acquisition of apartments.

Tenants were not always so well-organized on their own and often had very different relationships with their family. As reiterated by Irene, who moved in during my second year of field research, the spousal relations she endured were more one-sided as she attempted to describe with limited success how she became a tenant:

Irene: These people called me to come here, So, I took it 'cause I'm by myself, you know?
Researcher: Yeah. How long did you have to wait?

Irene: Oh, God! [pause] My husband was still alive. And he put in all the papers and he wanted to come to one of these places. It has to be about 15, 16 years. I waited. When I came to Peter [the building manager]... I brought everything, you know, death certificate, marriage, you name it. He said 'Now it's all good!'

The building business manager's role was to organize the intake and processing of those chosen by the downtown administration. Not having control over who was chosen or when the applications were submitted to the site, the building manager simply met with the potential tenants to discuss their standing after a long wait in the queue to address any changes they may have experienced in eligibility.

Irene's long wait was a familiar tale I would hear many times, and yet, while she was one of the few of the newer white tenants among a larger number of "Chinese" tenants, she was one of the few newcomers familiar with the neighborhood overall. The majority of newcomers were strangers to the neighborhood, having moved in from one of the Chinatown districts in Brooklyn (Sunset Park / Bensonhurst) & Queens (Flushing / Elmhurst), and they were also very different from the people who live in Park Slope today. On one of the first days I came to observe and meet tenants and staff, I witnessed a local white woman come to the front desk to ask about any possible available spots for her mother. The security guard replied in what I would later on find out to be the standard response towards such inquiries, "There aren't any vacancies right now. The waiting list is over five years for the lottery, and they aren't accepting any applications at the moment because of the large demand." On this particular day, the woman who at first seemed inquisitive became instantly loud and abrasive in the manner in which she engaged in conversation with the security guard. She retorted, "I know there are spaces for some people! It's not right that they can move in here and people from the neighborhood are denied access!" Storming off the premises, she left a group of about twenty-five tenants, who had been watching the interaction while sitting in the common area, to discuss and re-engage in similar complaints

about the recent state of affairs of their home. This explosive event, while not necessarily an everyday occurrence, informed in part the larger discussion on the ethnic composition of the tenant body. Other people inside and outside the building shared this woman's outrage and incredulity. In a blog post local residents further expressed their outrage at the demographic shift happening in their very own backyards.

Chapter Summary

The effects of the movement of people en masse from urban landscapes to suburban hinterlands in the migration pattern known as 'White Flight' is still being felt today (Jackson 1985). This dramatic depopulation had a disastrous effect on the residents staying behind, finding themselves in the remains of a city neglected for the suburbs in the 1960s, and in the 1970s bankrupt and dangerous. As the neighborhoods north and east of Prospect Park "went bad," which to my informants meant Whites no longer populated these places, their pocket corner of Brooklyn became a refuge from the insurgence of various migrant populations. Due to the process of gentrification in Park Slope, the tenants of Shady Grove Apartments are in a quagmire. Today, the long-term residents are being economically and socially ostracized in two ways. The first is by the reversal of fortune, whereby Park Slope is now a high-end destination attracting wealthy landowners and renters able and willing to pay exorbitant prices. The second is the increase in the aged immigrant population, which has replaced them as they age out.

Several options for those unable to afford the high expenses of city life are available from the both public and private entities. For the most part the affordable housing units have experienced a demographic shift reflective of larger immigrant populations settling in New York City. Park Slope was historically home to a working class, white and predominantly English-speaking population, which the population at the charity reflected in many ways for its first

twenty years of existence. Rather recently a sizeable influx of Cantonese- and Mandarin-speaking tenants along with smaller percentages of Russian- and Spanish-speaking tenants have taken the places of those who have aged out. This has caused tensions to arise as the once dominant ethnic and socio-economic group adjusts to a new social reality.

Spaces we encounter teach us how to be human and are full of cultural signifiers to guide proper behavior for individuals in various settings. By the same token, personhood tied to class structure is intricately linked to the measurements imposed by the collectivities as well as the states that govern them. In the case of Shady Grove Apartments, state agencies take measurement of tenants in order to fund the social services to maintain their livelihood. They do so by sorting through a combination of social factors to assess their eligibility. The guidelines for these eligibility requirements label individuals into two categories: eligible and ineligible. From these categories, rules are enacted through public policy and debated by politicians far removed from the everyday lives of the constituents who voted them into power. The complicated eligibility system, the labels afforded to individuals, and the existence and demand for language translation into Cantonese, Spanish and Russian lent itself to conflict. This conflict ranged from topics over who belonged and who did not. Essentially, it was about who had a right to be part of the neighborhood and who was entitled to the benefits of residing in a charity established and supported by the members of the Catholic Church.

III. Methodology: Structuring Research Objectives

Because of the complex picture painted in the anthropological literature, it was my intention for this research to look at the links between the emotional landscape and the economic realities faced by residents of an urban residential complex designed for people who are elderly. My aim was always to enhance the anthropological record and insight on the concept of self-identity among people who are elderly. Simultaneously, I knew this would give me, as the principal investigator, the means to a better understanding of the challenges faced by these people and the neighborhoods in which they reside in order to foster a career applying anthropological knowledge in urban settings. Self and place are central to how identity is constructed and heavily influenced the research objectives of this endeavor. Essentially, I wanted to know how people who are elderly react to change and how anthropology can inform the wider public about such reactions.

This research drew on theoretical models from medical and psychological anthropology on cultural studies of space and belonging in organizational settings. Given the expanding need for affordable housing across the United States, the emerging complexity of economies of care, and the growing diversity of the elderly poor in urban settings, I chose to engage in several roles at an ethnically and linguistically diverse geriatric residential complex. Serendipitously, I became entrenched in a role similar to that played by social worker staff. However, throughout this endeavor, my primary aim was to unveil the multiple social and economic layers underlying these social processes. I sought to understand tenants' notions of self and others and how this may be linked to how they narrate their feelings of space and place in a residential complex that has undergone a dramatic demographic shift. From my reading of previous studies I believed that

there was a potential for heightened tension and frustration from interactions with people not possessing a similar ethnic background or language. This was a speculation, but one I had witnessed during data collection for my masters thesis on elderly in another urban enclave with a stratified demographic population (O'Hare 2009).

Therefore, this research attempted to discern the differences between thought and behavior by focusing on narratives of sentiment in one setting. Accordingly, this was accomplished via the elaboration of the specific coping strategies in the social realm. Specifically, the caretaking required by tenants was entrenched in social hierarchies with finite economic constraints. Conflict emanated from a mix of events reflecting the way resources were allocated and how subsequent services were rendered. Social actors had to cope with the complex procedures for the dispersal of necessary funds for caretaking practices regulated by state and federal organizations as well as the rules and regulations of the administrative staff at the charity-based geriatric residence. By focusing on how feelings were narrated about these issues, this investigation further deepened the understanding of how elderly adapt and react to global social, economic, and cultural processes at a local level as emphasized by Singer (1994).

Due to my own fascination with policy as a mechanism for change in cultural practices, and the inherent resistance that such a top-down approach conveys, the following two questions acted as an overall frame for this research. The first, specifically, is relevant to the increase of ethnicities in the residential complex not commonly found in Park Slope until recently: how do elderly distinguish and discuss themselves in conversations reflecting a globalized world? The second is important to the challenges of policy regulation: what is the role of sentiment in shaping the sense of space and place of older adults within the altered social environment? The second question becomes especially salient when addressing how tenants were situated in a

living arrangement catering to the regulation of benefit/entitlement initiatives required for their survival and shared among diverse sets of clients. Thus, this endeavor focused on entitlement/benefit policies and their social impact on the organizational structure of the administration. It also honed in on the living arrangements at Shady Grove Apartments. By demonstrating how institutional relationships function and regulate people's work practices and living conditions, the ultimate aim was to highlight areas in need of reform where an applied anthropological perspective could give a more holistic overview.

The care required for any populace is evidently influenced by family structure and resource allocation. Moreover, within this particular apartment complex, the shifting demographics had a severe impact among indigent elderly in the region. My overarching research agenda, then, was to uncover exactly how residents adapted and reacted to life in a residential complex with a multitude of other individuals who do not share their common history. With this in mind, I hoped to discover how residents discussed notions of self-identity and their subsequent feelings in an urban environment by following these specific research objectives:

- 1) To document if and how residents created and maintained a sense of belonging as they adapted to living in a residential complex designed to provide a safe and secure place to live for those unable to financially afford housing by themselves.
- 2) To discover the ways in which the constructions of self and feeling contributed or hindered residents' adaptations to this urban space.
- 3) To demonstrate how familial and non-familial relationships forged over the life course impacted the production of identity in this context.
- 4) To determine whether or not the production of memory, as a shared social experience central to identity formation and maintenance, altered notions of the individual within the confines of the public housing unit as a whole.

Being and Knowing the Other: Choosing a Research Design

Initially I found it hard to conceptualize the theory behind the understanding of cultural practices as a novice applied anthropologist. Formally trained in bio-archaeology, and having made a living for years in the world of medicine working mainly at clinics and hospitals on quality control and clinical trials, the transition from healthcare analyst to cultural broker was not easy for me. This was especially true concerning the generation of data among a group of strangers whom I would attempt to know and to be with on a regular basis. The process appeared so very different from the world of natural science I had lived. As much as I had wanted this dissertation to focus more on the broader theoretical concerns framed by the notions of self-identity, my data collection became concerned with benefit and entitlement regulations as they impacted the lives of my informants. Later, this evolved into one about the relationships formed from my experience volunteering as a social work intern, wherein the use of participant observation as a method of inquiry was pivotal.

In an interview with the author of the seminal work *The Interpretation of Cultures* (1973), Clifford Geertz, about learning the trade as well as the intricacies of fieldwork, Panourgiá and Kavouras (2008) ask him about what separates the discipline from other social scientific practices. A unique aspect of the way ethnographers enter social space and imagine the people within it, as Geertz asserts, requires a different set of procedures, which are equally valid in their ability to reveal underlying social constraints and constructions. Nevertheless, due to the importance ethnographic analysis relays to the experience of being and knowing the other, the level of abstraction as utilized within other types of inquiry methods do not necessarily aid the uninitiated because:

that was not the case with anthropology as a discipline. But I think that it is important to just plunge into it because anthropology does not have a set of theories and practices that

you can learn in an abstract way. It is not like surveying, where you can learn how to do it and then go do it. In anthropology, you have to learn to do it and do it at the same time. First you read, and then you do a little bit of it, and you tack back and forth between reading and doing, and that is how you get it. You can go and get a general characterization – you can do that – but that doesn't help anyone. (Panourgiá and Kavouras 2008: 17)

Unlike my previous training, which required hours of lab work with human osteological collections from previous excavations of human remains before excavations could commence, entrée to the field of my doctoral dissertation would happen in a more serendipitous manner. It would in fact be launched the day I moved to Park Slope when I started to collide with the residents of the neighborhood-at-large, some of whom I knew already. This forced me to begin note-taking immediately and to ponder seriously my own social location within the social structure, often referring to scribbles and class notes from courses taken long ago and the countless ethnographic books read during my years of study.

In an attempt to be anthropologically focused, participant observation became my central data-generating tool. Yet, in spite of this method of inquiry being the bedrock foundation of cultural anthropology, my overreliance on my own past experience with algorithms, data sets, along with other statistical and quantitative types of measurement made me think twice. On one hand, I was a little suspicious and worried about only using one technique, and because of the influence from prior years of experience in clinical trials. On the other hand, I thought it prudent to master a few techniques rather than simply relying on one. There was also a resistance to the use of participant observation solely, which I was not acutely aware of until after I began writing the analysis. Participant observation in connection with grounded theory was in my opinion not sufficient nor robust enough to engage in a fruitful discussion about the plight of urban elderly with peers outside of anthropological circles. Because of this creeping doubt, I found myself

hyper aware of my surroundings that affected my ability to use participant observation and which acted as a catalyst for a more critical engagement with this method of inquiry.

There is sufficient evidence demonstrating how participant observation creates stronger references about the way individuals make use of cultural symbols and the discursive practices that manifest from those symbols. However, the lack of empirically sound data in ethnographies has long been an object of contention from other disciplines of the social and natural sciences. This is because how these experiences become formulated and recorded by anthropologists has not always been treated in a manner that is scientifically valid and reproducible (Greenfield 2000). Yet, differentiating fact from fiction is essential when making assumptions based on ethnographic fieldwork, and although specific strategies manipulated by the individual may be culturally defined, it is within the manipulation itself where universal human terms may be found (Shweder 1991, 1994). Hence, while anthropologists must create closer relationships with their informants than in other fields of inquiry, techniques can still be used within the act of participant observation to systematically sample different social roles and statuses in a community (Spiro 1984).

Conversely, there exists a danger of generalizing observations and research findings into universals, which can be construed to be a major weakness in the methods employed by other social scientific disciplines. Since data collection systematically arose within a certain cultural framework of the scientific method, other disciplines are bound to that framework in many ways that can distort, confuse or overlook other cultural tendencies. One such example rests in representations of the individual, which may be over-emphasized due to culturally-specific social processes found in collectives (Fish 2000). It is therefore imperative to account for notions of consciousness and self that are fluid and dynamic, and not simply explain it within theoretical

frameworks that may elude the assumptions and expectations of psychological theory (Hollan 2000). Thus, triangulation of data enhances the field by removing enough bias in order for studies to be considered internally valid, yet culturally significant since social and cultural processes organize diversity, yet do not eliminate it entirely (Wallace 2003).

The age range for residents was wide, stretching from the early 70s up towards to the late 90s, with outliers either in the 60s or 100s. In fact, two of my informants celebrated their 100th birthday during my fieldwork. Therefore, this study did not pay attention to any particular age group but focused rather on those who resided within the building as a whole to obtain a purposive sample. Although the use of a purposive sample would not allow any generalizations of this research across other similar institutions, it enabled me to choose the housing unit best suited for the long-term research (Bernard 2002) that maximized my ability to collect data and build rapport. However, the power of ethnographic research is bound to the probabilistic generalization within the specific social space where the research was conducted, a level of precision and depth not found in data collected solely with scales or surveys. Therefore, this research attempted to address issues relevant to people of all of the ages represented at the facility. Many residing there were enveloped in stereotypes about what constitutes normative behavior for older adults or those residing with them as demonstrated in other applied studies (Scripps 1996). In connection with my research questions and my limited understanding of the geriatric residential complex, the following hypotheses were tested to generate data regarding self and feeling:

- A) Given the importance of ethnicity in this context, social markers will have a strong influence on the types of relationships elders choose to create and maintain.

- B) Given that females live longer than males, older females will possess significant influence in day-to-day activities, changing the positions these women had in past in regards to spheres of influence over others.
- C) Familial and non-familial relationships will be more likely to be the focus of attention if elderly have lived in Park Slope or its surrounding neighborhoods in Brooklyn for a significant period of time prior to moving to the geriatric residential complex due to the proximity of family members.
- D) The setup of the facility, with its lack of emphasis on the building of interpersonal relationships, will decrease the ability of elderly residents to express collective memories and public sentiment.
- E) As the construction of the self is an integral component of all human interactions, elders who see themselves through cultural lenses similar to those of other residents will be more likely to create and maintain interpersonal relations with them.
- F) As the construction of feeling is part of the same process, elders who identify with each other will foster stronger sentimental ties with others who share similar emotive functions based on notions of self-identity.

Obviously, there was and still is a need for more work to be done on the aging process cross-culturally, and I made a concerted effort to keep the standard assumptions about my informants in mind. This included trying at all costs to avoid putting the elderly in a compromised position (Costley 2008) by, for example, not placing blame on the functionality of their bodies as the sole reason for their woes, as is often found in biomedical model. Since the scope of this project was to ascertain cultural significances of the self-identity in dependant, yet institutional setting, the combination of both exploratory and confirmatory methods occurred using a few methodological tools.

Driven by both analytical and emotional perspectives, my inclination towards generating data provided some unique alterations to the way I would engage with the other. Therefore, the specific methodological tools used to understand elderly and the construction of self, other, and

personhood vis-à-vis discussions of sentiment and structures of feelings involved the following components conducted in English:

- (1) Participant Observation—to assess how individuals formed social networks as they negotiated in their daily routines where key informants were selected from informal interviews. As this was a very broad category, my participation revolved around the arrangements I had made with the onsite social work staff who see elderly daily and regularly go on home visits to individual apartments.
- (2) Informal Interviews—with current or former residents of Park Slope, Brooklyn, some of whom qualified as having “gatekeeper” status within public health and social institutions (e.g., clinicians, social workers, community organizers, etc.).
- (3) Semi-structured Questionnaire—questions used during formal interviews with a purposive sample from the geriatric residential complex, hoping that they may trigger emotional responses about the general region or the distinct space, and which I thought may help elicit memories.

Participant observation required me to take part in many daily events along with all informants. Residing one block from the apartment complex in Park Slope, Brooklyn, added to my ability to get to know the neighborhood and my neighbors. The semi-structured questionnaire used during audio-recorded formal interviews became a way for me to refine the information I had gathered through involvement in other arenas. Data gleaned from both informal and formal interviews for the most part were confirmatory to the information generated using participant observation.

Per guidelines set out by the American Anthropological Association (AAA), I set out to do no harm and attempted to aid my informants as much as possible to gain their trust in line with current ethics debate. In their blog entry on the website of the AAA, Briody and Pester (2015) argue the emphasis on no harm does not accentuate the positive outcomes and contributions anthropologists can make to their field site, as they surmise:

But, what really surprised us about the code was the preoccupation with the concept of ‘harm’ with no corresponding emphasis on the concept of ‘help’. Professional anthropologists work inside some cultural system – whether as employees, consultants, contractors, or volunteers – and typically work toward a more effective system. Their

focus incorporates the ‘Do No Harm’ principle, but accentuates the ‘Do Some Good’ principle. (Retrieved online February 4, 2015)

In an effort to acknowledge this so-called “good” principle I began volunteering as a social work intern. This helped position me to become a valuable part of the facility for staff and residents, with the approval of the housing director and the social work coordinator. My volunteering included mainly being of service to others, in and out of the building, when asked to accomplish tasks in conjunction with them. In the office I helped organize the social work files on residents, part of the legal requirements mandated by the charity that included sensitive personal information to assist the social workers in case residents had emergencies. Information found in the files ranged from simple demographic information along with recent pictures of those residing in the apartment to an assortment of medical records, such as medications taken and clinical referral notes. These files were updated when residents went to the hospital or were transferred to other rehabilitation facilities. While all residents had folders, not all folders contained the same information inside since this was given freely by the tenants and required their approval. Without the tenant’s approval, social work staff had the right to include only the tenant’s name along with corresponding diagnostic notes about their interactions with the individual. The content of these folders was not part of my research and therefore is excluded from this analysis.

Investigators are always faced with the paradox of being privy to more than what is perceived by those under investigation. I strongly felt it was my responsibility to uphold my end of the bargain as a representative of the academy and the university. With this in mind, after gaining approval from the Internal Review Board (IRB) at Teachers College, Columbia University and the management of the geriatric residence, I began describing my research agenda to informants according to the protocol set out in my proposal. This included informed consent

forms that were signed by all interviewees and other major participants as outlined in these approved procedures. I made the option to not be recorded or to remain anonymous in this study clear constantly to all subjects since the process of informed consent is on-going and not sufficiently addressed in one sitting (Fluehr-Lobban 1994). However, it was not necessary to have the entire building sign consent forms; mainly because of the language barriers I faced only the English-speaking population was my main focus in this project. The consent forms were given to individuals who agreed to a formal interview where I used a recording device and asked informants to answer the semi-structured questionnaire. Because participant observation occurred in spaces designated public, my field notes relate to the overarching agenda of the collective in any given meeting and do not focus on individuals per se. Instead, the focus was on the situated aspects of collective behaviors I witnessed surrounding common and special events. Participating gave me a very clear sense of the complications arising in their lives.

Since the main theme I wanted to unravel concerned the attitudes and beliefs brought forth within the social construction of self-identity as they relate to resource allocation for indigent older adults, it made sense to build rapport with the administrative staff as much as possible. Word-of-mouth and snowballing techniques were the main recruitment methods. The social work coordinator recommended several people, and I then began meeting tenants and other staff as well as neighbors residing in nearby proximity. Whenever possible, formal interviews took place in secluded locations, usually in the apartments of my informants or in the social worker office with the door closed, where interviewees could share their thoughts in private. This aided in the details of the interviews as well as the sincerity because my informants were not afraid of repercussions based on what they told me, as more than a few stressed during the interviews.

Volunteering provided an excellent opportunity for me to build rapport while simultaneously doing the activities of my informants enacted in their daily routines. This all was made possible due to the strong relationship with the social work coordinator, who became a vital resource both socially and professionally. My relationship with the social work coordinator began in what I originally thought would be a means to gain entry into the facility. Instead, it became an opportunity to work with an informant with over thirty years of experience in elder care. I now consider this key informant to be my guide and mentor in the field of gerontology. Rapport with informants cannot be stressed enough, and it was a valuable tool in and of itself. Without the empathy invested in relationships with my informants, the meaning gleaned from the venture would have been lost. As the principal investigator, it was my responsibility to sort and critically analyze the data, and as ethnographer I would have been left standing in a maelstrom of information. However, it was vital to build rapport with informants displaying certain qualities, as noted by anthropologists reflecting on their own failings with informants in the field, to ensure the quality of the information was an accurate portrayal of the situation at hand. This is because good rapport must be achieved with an individual possessing “an imaginative ability to objectify one’s own culture for a foreigner, so as to present it in a number of ways” (Rabinow 1977: 95). And with any relationship, by achieving rapport there is always space for doubt to arise regarding the reliability of the source due to an individual’s perception.

Luckily, any doubt that arose from my interactions with other staff or residents could always be triangulated against what the social work coordinator shared with me from her observations. Doubt in the reliability of information from informants, according to Trouillot (1995), is in itself a type of silencing due to the researcher’s suspicion of the source. He suggests searching in and among the edges of ethnographic material for information silenced by robust

objective standard approaches. Arguing against the world painted in the allegory of the cave found in Plato's classic *The Republic*, where shadows act as refractions of a reality we can never experience directly, Crapanzano (1992) furthers this argument by addressing frames of reference. Comprised of the subjectivities investigators struggle with their informants in the quest for knowledge, he stresses the importance of emphasizing indexical play, the negotiation between differently positioned interlocutors "including both the real and the remembered and imagined ones" (2007: 99). Still, without the very silence that hides and distorts perception the story is undiscoverable, and without the subjective scene or context the empirical implication tends to be irrelevant to the initial research suppositions.

It is nearly impossible to understand the perceptions of an individual or collective without knowingly sorting information into useful categories for the purposes of analysis. The process of triangulation – or asking the same questions among multiple sources – was vital to generating data under these circumstances to avoid limiting people or processes into inflexible and monolithic conceptions. Cross-examination became not only a reliable way to obtain a clearer picture and a more profound understanding of truth, but it also gave me the opportunity to vary my approach to certain topics or phrasing of key questions. In the end, triangulating data gave a more consistent story in regard to the content from speaker to speaker or time to time (Bradburn et al 2004). The most valuable data collected was acquired in extensive and multiple conversations (Crandon-Malamud 1991) I had with tenants and the social work coordinator. This would have been impossible without the strong bond and rapport between us.

In an attempt to understand the impact of socio-economic changes on the lives of my informants, including the effects of gentrification, I did not limit my interactions in the neighborhood to only those living at the residence. Even though it was the central focal point of

my daily activities, I also became enmeshed in many different organizations to gain insight on the larger neighborhood. As well as my internship/volunteer work at the center, I became a member of two local running groups, a member of a community garden transformed from a former abandoned lot in the 1980s, and casually talked to people I saw regularly at cafés and other local establishments. Two locals in particular had an extremely influential impact on the way I began to understand the neighborhood of Park Slope and the adjacent surroundings. As I learned more about the area through their life histories, these stories became a part of the detailed chronological background as my informants lived it then and remembered it now.

Subject confidentiality was an issue of utmost importance to me. This required me to use a variety of techniques to record data as people became suspicious of me constantly writing down their activities. They were not shy when commanding that I put down my notebook. Therefore, I often secluded myself for brief periods of time either in the local café across the street or in the downstairs communal space seldom used by tenants or staff in order to write my experiences down so as not to disturb my informants too much. In terms of note-taking, pseudonyms were used when appropriate, and all data was stored securely as to protect informant information and identity. Each day field notes were manually recorded in a jotting notebook and kept in a secure location with subject identity-markers coded to further ensure confidentiality, and all data devices and paper copies were stored in a locked file cabinet when not in my direct possession. This information was then transcribed at night into a Microsoft Word document with password protection on my Apple MacBook Pro laptop computer. Every day this information was backed up and stored in three different localities (an internal hard-drive, an external USB flash drive and a secured e-mail-based server) so as to avoid loss of data. Initial coding started in the field and helped me partially analyze the data in order to plan future

activities based on what I had already been experiencing in the field, with the constant process of writing and coding field notes aided in placing my hypotheses in context, letting me testing the validity of my own assumptions (Bernard 2002).

Audio-recording was used solely for the formal interviews in order to transcribe them at a later time (LeCompte & Preissle 2003), and I used an electronic recording device (MP3/MAC compatible). Recording allowed me to participate more in the conversation and was necessary when informants were engaged in descriptive narratives requiring my utmost attention. At times, I took some minor notes during these interviews when it was unobtrusive to my informants. Overall, the jotting notebook was my main source of record keeping. This notebook was used to write down my perception of events and conversations (e.g., when in a meeting with staff or in a crowded room with several languages being used at once). On occasion I had my laptop with me for faster transcription of these same activities. Since informants were required to sign the informed consent form and participant's rights if they partook in the formal interview, at the beginning of each taping session I would also ask them to state their consent again into the microphone. If subjects did not consent to being recorded, the audio-device would have been turned off and stored away, yet I never had this happen, and all participants in the formal interviews were more than willing to discuss their lives in great detail with me.

According to the protocol approved by the IRB, standard informed consent procedures required me to explain the study in terms accessible to various audiences. Upon entering the field I constantly reminded everyone of my reasons for doing ethnographic research at the site and their right to remain outside my study if they so choose. When collecting the quantitative data aspect, I showed and read to them the official informed consent form and asked them to sign it along with a verbal confirmation if they elect to be audio-recorded. Throughout the process I

reminded them of their rights as study participants, and began by explaining my background and the nature of my research. Specifically, I told them I was in Brooklyn to understand people who are elderly, reminding them that I am not there to test them or their memory but rather to understand the culture of the neighborhood from their vantage point. By engaging with informants in a consistent manner, I did in fact build relationships with them that allowed me to gauge to some extent their understanding of the study and what it involved. If I ever believed they did not understand, I would have reviewed the informed consent process as many times as necessary.

When compared to the information gleaned from the formal recorded interviews, participant observation as a method of inquiry allowed me to collect more in-depth information than would be available with the use of the formal interviews alone. And in all cases, subjects were referred with as few personal identifiers as possible recorded to ensure their confidentiality. However, as much as I strove to collect data in a confidential manner, due to the process of participant observation, it was not entirely anonymous. By participating as part of a team of social work staff, I was given the opportunity to glimpse the inner workings of the residence and document the complexities of everyday life within the culture of the organization. Initially, key informants were chosen by word-of-mouth recommendation, thus creating a snowball effect whereby through rapport and trust I gained entry into more nuanced interactions along with the social work staff at the geriatric residence. And as always, the more informants present the richer the experience, as having many key informants allowed me to establish social norms and check all aspects of testimonials against each other, thereby diminishing unnecessary biases based on an individual's recollection (Bernard 2002).

Limitations to Research

My greatest limitation came in the form of the language barriers I had communicating with the majority of residents. The dominant languages spoken by elderly at Shady Grove Apartments were Cantonese, followed by Russian, then English and Spanish. Because I have a limited range of fluency in both Mandarin and Spanish, I was able to make up for this lack of linguistic fluency to some degree. However, not knowing Cantonese and Russian hindered some of my understanding of the daily interactions between informants, forcing me to rely on translations from caretakers. While this was a limiting factor, it did allow me to experience the real sense of despair and loss experienced by my informants when discussing the demographic composition of their home before the influx of ethnic and linguistic minorities. The attempts made at communication among people who one does not speak a common language could be exhausting for my informants. This quickly became one of the most apparent and common themes found in the narratives of the native English-speakers as their home territory diversified.

Another limitation was my early reliance on the social workers. Because I was not able to build rapport as fast as I would have liked, it became easy to shadow their routine to watch the interactions they were having with informants. This early and profound adherence to their role in the institution may have given the tenants the wrong impression that I was a part of the administration, something I had to clarify later on in greater detail than expected with informants. Finally, besides the obvious language barrier, advanced dementia and disinterest were the two most cited reasons for excluding an informant from a formal interview.

It is important to note that the general lack of trust for outsiders and the administration on non-routine tasks made interviewing the tenants difficult as well. The main reason I observed for this mistrust and apprehension to my research centered on self-identity. My informants

constantly had data collected about them for the continuation of benefits and entitlements, whether from representatives of the healthcare system, the geriatric residential complex, or the many layers of government oversight. After analyzing the data and discussing emotive functioning in this context, it is not surprising that I should have issues entering into their space. Opposition and resistance to outsiders was a common feature found in their everyday lives. However, this opposition was not necessarily out of a racist or classist ideology since not everyone felt the same towards the outsiders. Because the white English-speakers were not a completely homogenous group and independent agency did have a place in their lives, the most pressing issue concerning their lack of trust involved the scarcity of resources available to them. For the most part, the building was the territory in which my main informants discussed the effects of this two-way encroachment. From a top-down view, they felt the effects of the gentrification of Park Slope inasmuch as it was discussed as a force denying their children from being able to live within the confines of the neighborhood close to their home. This was in essence a class-based phenomenon from their perspective. From a bottom-up view, the eligibility criteria that allowed ethnic and linguistic minorities into the building at an accelerated rate only helped to diminish their chances of making new acquaintances with others like them. From their perspective this was a racial phenomenon tied to notions of self-identity and the essential components that made an American. Thus, a protectionist standpoint emerged in this context that served many purposes, at times positive and negative, but mainly it was a survival or coping strategy to maintain their livelihood and social ties within the institution.

Reflections on Self-Identity: Discovering Hidden Bias in the Field

Placing categories of personhood and the sentimental motivators of collectivities aside, my own personal and professional trajectory has as much to do with this research as the cultural

labels I am still interested in deconstructing. When I first set out to find a suitable research site, I had no idea that I would be returning to a place my maternal grandparents left long ago. The roots of the predilection for knowledge about impoverished older adults goes back to my youth, one where my maternal grandparents – Brooklyn natives originally from Greenpoint whose story I will divulge in more detail later on – took an extremely active role in the rearing of my siblings and me out on Long Island in one of the many suburbs surrounding New York City²⁴. This happened when our mother found it financially necessary to take a job in food service, and later in housekeeping, as my father was laid off after the 1988 tugboat strikes. Upon arrival in the United States from his native Ireland in 1974, my father secured a job as a deckhand on the tugboats with the help of my maternal grandfather, a position he held for the first fourteen years of my parent's marriage. Engaged in one of the longshoreman unions, my grandfather and his brother were part of the larger resistance to economic changes forced by the hierarchy of the shipyards, and subsequently quoted in an article from the New York Times entitled *Tug and Barge Workers Go on Strike in New York*:

At one picket line in front of the Morania Oil Tanker Corporation, a tanker and tug business at 1435 Richmond Terrace on Staten Island, Owen Markey, a chief engineer of tugboats for 40 years, said the concessions asked by the company would cut crews to the point where the tugs were not safe. 'Our families, our fathers and our brothers made the companies the big business that they are today,' he said. 'Now they're trying to cut our wages and benefits.' His brother, Tom Markey, a deckhand, said the pay did not begin to compensate for the burden the job placed on him and his family. 'I'm on a boat for two weeks at a time, 24 hours a day and can't go home,' he said. 'Sometimes the boat is tied for lack of work or a breakdown of equipment and I'm off the payroll. You're lucky if you get four months' work a year.' (Rangel 1988)

Their explanations about why they were risking their livelihood by participating in the organized strike along with 2,500 of their associates amounted to two key aspects of self-identity. Firstly, they remembered past deeds accomplished around kinship ties and, secondly, the interpersonal

²⁴ See O'ram (1996) for more about the Baby Boom Generation.

relationships among current family members were necessary for their livelihood's future. Sadly, my kin never returned to this line of work since my grandfather and his brother opted to take early retirements, while my father was left without work for what seemed like an eternity to me, as strikebreakers, otherwise known collectively as "scabs," took his place. This marked a seismic shift in the structure of my family, a huge void my grandparents filled with their increased attention to caring for their grandchildren. Of all the tales my grandfather would share about his time on the boats, my favorites were the stories that always ended up with an event in Brooklyn. Honestly, for a long time, I could not fathom why on earth they had left the city in the first place as it seemed so exciting and adventurous, especially in comparison to what were, in my opinion, the dull and dreary suburbs. Yet, in essence, what motivated me initially to conduct research about city-dwelling older adults was never about the people my grandparents were, but rather about the possibility of what could have become of them had they not left an urban enclave for a suburban safety net.

It quickly became apparent that the Brooklyn my maternal grandparents knew is no longer real, and yet the notion of the place lives on through a collective memory made up of stories my next of kin still to this day tell each other at holiday gatherings²⁵. This, of course, occurs in the absence of the initial social actors, the players, who actually lived these experiences. My kin are now completely removed from the context in which these stories were forged, and the stories are being told long after the death of my maternal grandparents. In regard to these social facts, it is intriguing to use an anthropological lens on the desire and reasons that led me back to Brooklyn. In some way, I wanted to get a glimpse of the conditions my family left behind. The same can be said about how historical truths changed the place I only knew

²⁵ See Anderson (1981) and Tan (2007) for a more in depth discussion about the influence of 'imagined communities' on the process of self-identity and ethnogenesis.

through stories. Despite how much I thought I had known about the place through the many stories that were handed down to me by my next of kin, what initially was an interest in the history of my heritage later became an endeavor to see myself through the lives of others. And in spite of that, even with the most sensible of intentions, I often learned more about my own ignorance than the people I set out to get to know. This realization became more acutely clear to me from the analysis of the numerous interactions I had with my neighbors in Park Slope.

In the end, the heightened state of self-discovery uncovered through the ethnographic venture has eventually led me to feel the emotional impact my experiences at the residence and in Brooklyn have had on me. These are mixed and convoluted feelings I am still trying to sort out. And yet, the intensity of these emotional experiences helped me become more familiar with the reality of life for my informants as I was slowly sensitized to the ideologies and policies affecting their behavior over my time in the field. This realization attests to the power of our emotions in fieldwork that serve beyond simply being a source of information. These sentiments enforce the provisions necessary to allow insights to manifest that are not otherwise available to an outsider (Rabinow 1977).

Chapter Summary

At its core, the initial purpose for conducting this research was to better understand the role of the construction of self-identity and structures of feelings among the elderly poor because these are the basic building blocks of social theory on how individuals learn to be human over the life-course (Gubrium 1997; Hochschild 1975; Smithers 1985). It was important to find a suitable field site with many of the criteria I was interested in learning more about as someone wanting to work with indigent older adults, popularly known in geriatric literature as the elderly poor. Moving into an apartment two blocks from the geriatric residence in Park Slope, I slowly

began to meet residents of an apartment complex for people who are elderly and disabled organized and funded by a religious-based charity. After initial contacts were made, I was afforded the opportunity to gain further access to their lives regularly via volunteering with the social work staff. This brought an unexpected advantage to my initial purpose in that I was now partially privy to the way these benefits and entitlements were navigated. In the very least, I got a better sense of how the social work staff and other administrators acted to aid the elderly resident's ability to persevere. Sentimental reactions to stimuli in this context guided interactions, as it does with all human relationships. However, the key difference for the social workers pertained to their confined social position. Residents in their care, for better or for worse, were entrenched in a discourse marked by constant complaint. These could be directed at specific aspects of the establishment, which the social workers were a part of, or at individuals within the system that included the social worker staff. Hence, social workers were constrained by a culture of complaint that was evident and prominent. Complaints by residents had an affect on the quality of their relationships in two distinct ways; socially while engaging with peers, the administrative and social worker staff as well as emotionally while adjusting to the extending circumstances that limited their life-style choices. This deeply affected all aspects of emotional attachment and regulation at Shady Grove Apartments, and I will argue, became a vital part of the overall experience, with positive and negative aspects for all involved. As an applied anthropologist in training, I now know that at first I failed to understand this part of their lives very well. However, once I looked at complaining as a style of speech and as a type of discourse using anthropological theory from the subfields of medical, psychological, and communicative studies, the manner in which a construction of self-identity became clear once I began to view

my informants and the interpersonal relationships they forged as central to the cultural context of aging.

In reflecting on my own background and where my family came from, it became clear from my interactions with residents of how strongly new socio-economic and demographic changes were affecting them in their elder years. These changes ranged from the limitations imposed by restrictions on the financial and social support of kin, where family members were often not available to provide much needed physical assistance, to restrictions on the influx of new residents, where neighbors once likely to move into the apartment complex were shut out due to the complexity surrounding housing eligibility criteria.

It was also evident how overwhelming everything was to my informants given the necessary adjustments to what was a remarkable difference from their worldview. For when my informants were confronted with a rise in the once minority population – with customs and habits vastly different from those they had come to expect without question – the issues became more complicated as they faced their own mortality and shrinking social fields. This is where our histories parted, and where the power of social memory took over. For the connections we initially had were linked to the memory of events from long ago with very little to hold the current social bonds in place. Reflexive thought helped me deconstruct these sentimental ties to better unveil the social processes enabling our interpersonal relationships in the present.

IV. A Method of Inquiry: Becoming a Participant Observer

Having participated as a geriatric social worker volunteer, I hope to demonstrate through analysis the ways in which conflicts and struggles among residents and staff alike were managed. Therefore, the analysis focuses a lot of attention on the social work staff engaged in care-taking practices for various residents with a spectrum of social and economic needs. More than simply paper-pushing administration or stress relief counselors, the social workers were key participants in maintaining the benefit/entitlement initiatives acquired from a mix of private and public entities using federal and state funds. The caretaking they provided at times became embroiled in larger issues surrounding ethnic, linguistic, and social difference. Ultimately, in addressing how resources were allocated in these circumstances, I hoped to engage and analyze the ways in which conflicts and struggles emanating from them were managed in this specific urban situation.

As stated earlier, the residents I encountered ranged from 68 to 100 years old, and came from various backgrounds, ethnically and linguistically. The largest barrier between all subjects I encountered was the various level of English communication. Even with my ability to use the Spanish and Mandarin that I had learned from living abroad in Spain and Taiwan, the prominent languages tenants spoke at the complex were Cantonese and Russian. Another barrier came in an unexpected way. The deeper I fell into their world, the more I focused on one group: those who had resided in New York City for the majority of their lifetime. This small sample of the tenant population represented was but one of the many voices at the complex. My analysis demonstrates that their shrinking numbers – and voices – were one of the challenges of conducting research in this setting.

My initial entrée into the field was through the social work office, and throughout this study it served as a central meeting place where many rich and engaging discussions occurred between administration, residents, and myself. These interactions occurred in ways I never could have anticipated prior to the beginning of this endeavor. They gave me not only a fascinating and in-depth look at the lives of my informants, but also I witnessed firsthand the social structures and economic policies sustaining them. Ultimately, the more time I spent in the lives of my informants, both residents and staff alike, the more I began to understand some of the ways in which these regulations affected them. These economic regulations ranged from funds used for transportation to and from various components of the healthcare system to the allotted funds from their healthcare insurance. In addition, because of their subsidized living arrangement, residents were required to report on their yearly economic standing, which included evidence from their financial institutions. Finally, as I learned about the ways informants tried to manipulate their surroundings for upkeep of their own existence, the economic and social implications of any regulations on the overall health and well-being of residents became clear. In this regard, the importance of the role of the geriatric social workers cannot be emphasized enough. Through my experiences with them, I was privy to a more exclusive accessibility to the inner workings of Shady Grove Apartments.

Linking my research to the authoritative knowledge base of the social work staff had both many benefits as well as drawbacks for me. This was because the professionalism afforded the social workers allowed me to move between different areas of the institution without question by the other administration or the tenants. One of the most beneficial arose in what would be my last few months of field research, when students and staff at this point in time were regularly coming to me for support in a way I did not and could not anticipate. Because I had been conducting

research at this field site for almost two years, which was a very long time according to my administrative informants, how I understood the various components of the residence became an acquired and desirable skill-set. The downside was that I had to constantly remind all informants of my role as an anthropologist, even when doing so limited my ability to act like one of them. A clear example of this was when XueMin, a social work student, who was clearly stressed out with her studies at university and this internship, asked me about yoga and meditation. While asking me about different styles and telling me how she was attending a club at school, I began to realize in that moment my role had changed from researcher to mentor. This would not be the first nor last time my role shifted. While the majority of the time my privileged position was seen as beneficial or neutral, there were individuals who found my presence irritating and who viewed me as an annoyance.

It was not shocking to find out that the administration of the larger charity structure did not want me poking around. Luckily and rather serendipitously, I built a lasting relationship with the social work coordinator, and it was because of the rapport between us that I was able to stay and conduct this fieldwork. In discussing the role of participant observation and the insider / outsider continuum as a heuristic device, Hugh Gusterson in his article *Studying Up Revisited* examines how those at the top of any given social structure are not keen on having their activities monitored. This fact leaves social scientists at a crossroads regarding whether or not to engage with those at the top. Rather than walking away, he encourages anthropologists to alter the very pinnacle of our profession—that is participant observation—in order to gain entry into a social sphere of the hierarchical other:

Participant observation was designed to facilitate the understanding of small, face-to-face societies, such as the Trobriand Islanders, where a stranger could easily be absorbed into the flow of daily life and no one was likely to tell the anthropologist that he or she was on private property and should leave. This technique may not be readily portable to elite

contexts in the U.S. where ethnographic access is by permission of people with careers at stake, where loitering strangers with notebooks are rarely welcome, and where potential informants are too busy to chat. Although, as Laura Nader (1974:306) herself worried, 'the anthropologist's image of himself is shattered if he cannot participant-observe,' it may be that anthropologists who want to study up will have to abandon, or at least subordinate, the research technique that has defined anthropology as a discipline and served as our own parochial rite of passage into maturity since Malinowski. If so, we will have to rely more on our canonical texts for a sense of shared identity as anthropologists and more on other research techniques for our field information (Gusterson 1997: 115-116).

In as much as "studying up" is a worthwhile and under examined position anthropological knowledge has to offer, it is certainly not an easy endeavor to obtain formal permissions from those higher up in the bureaucratic structure. Moreover, it is a time-consuming and thus expensive agenda, and one in which triangulation of findings can be even harder to do given the barriers at hand. Recent revelations on the concept of studying up by Nader (2008) have muddied the water considerably, as articulated by Bowman (2010):

In 1969, Laura Nader challenged anthropologists to 'study up', but her challenge was often misunderstood. As she pointed out later, she did not mean that anthropologists should only study elites and the powerful. In a recent keynote address to an anthropology conference, she explained that researchers should study 'up, down and sideways simultaneously' (Nader 2008). There are two key aspects to Nader's challenge to study up: the first is the need to see connections between groups in society and to link groups and individuals to 'larger processes of change' (Nader 2008). Studying up can inform our understandings of patterns of production, distribution, value, and power. The second aspect of Nader's challenge is more practical. Because the researcher has less power than the researched, studying up challenges taken for granted understandings of the research relationship, and forces researchers to address the interrelated issues of access, methodology, attitudes, and ethics (Nader 1969:301).

My first encounter with anyone associated with the geriatric residence was by a serendipitous meeting with a friend of a former work associate who mentioned her church was participating in a food drive and dinner preparation for Thanksgiving in November of 2011. She invited me to come volunteer to help set up for the distribution of meals, and while most of the time I was in the basement, I did have the opportunity to meet some of the tenants and get a

preview of what was in store for me at the facility. After this event, I wrote a letter to the director of housing, who forwarded my information to the social work coordinator for an interview. After our meeting and a lengthy discussion about gerontological anthropology, and the challenges I could find at the residence, they granted me permission to volunteer there. This permission relied on the understanding that I would focus on my own research agenda as well as aiding them in the daily routines of the social work staff. I would need to help assess tenants' social and financial needs, interact with tenants in an assortment of activities, update tenant files kept in the social worker office, and translate into Spanish events or changes in protocol at the residence.

Unique to many other residential complexes for the aged stressing independent living in the Greater New York City Area, the center made use of social work staff for many aspects of management concerns. The work carried out by healthcare providers, which includes social workers among other clinicians such as doctors and nurses, involves a practice in what is often interchangeably called occupational or bureaucratic medicine (Mechanic 1976). This type of medicine represents the shift of location for healthcare practitioners from the office of the family practitioner to the office of a group practice, such as those found in clinics or hospitals. Recent analysis by health and social science researchers on social organization and relations governing professional practices in these institutional contexts stress the importance of how subcultural diversity is handled as an essential part of healthcare management in connection with quality improvement (Krogstad et al. 2004).

One of the most pressing aspects of the jobs done by social workers at the apartment complex was the ability for staff to be able to help residents with the cumbersome system set up for them to receive the necessary funds for everyday living expenses, to negotiate and explain the rules and the limitations inherent in the distribution systems. Another aspect was attempting to

engage residents in activities aimed at both helping them to interact with others while getting them to exercise in hopes of maintaining or elevating their current conditions. This physical movement was often a challenge for the tenants, who constantly complained about the ways they would prefer to be, namely sitting and spending time in the company of fellow residents whom they had commonalities with, often at the expense of those who were considered outsiders. What follows was shown to me during a lively discussion on the construction of work, which carried on into a tangent about the status quo at the facility in regards to gender discrepancies based on pay and performance. Taken from the description for the job announcement now held by the current social work coordinator, I was informed it took over two years to fill the position due to the low pay and high demands afforded to this role. Per the advertisement posted by the charity, the ideal set of responsibilities of the social work coordinator were to:

- Provide direct assistance to tenants for benefit application and recertification.
- Act as advocate for tenant(s) with city agencies and other service providers.
- Conduct/coordinate activities, workshops and seminars in response to tenant needs & interests.
- Provide short-term counseling for tenants and/or family members as needed.
- Participate in community and agency activities for skill development as well as networking purposes.
- Coordinate and cultivate volunteer opportunities with local schools and community.
- Maintain current contact information on tenants and family members/emergency contacts.

In addition, these tasks were classified as belonging to a certain level of education and experience, with the qualifications for the social work coordinator role requiring:

- Master's Degree in Social Work with two year's experience, preferably with a senior population.
- Working knowledge of eligibility criteria for various benefits (Medicaid, food stamps, etc).
- Excellent verbal and written communication skills.
- Ability to travel to other sites as needed and to attend community meetings.
- Functional ability to use computer and internet.

In reality, the training required was not unwarranted. On a typical day anything could happen and staff had to be ready for any worst case scenarios. Most days were quiet in the morning, with tenants becoming more active and coming down to the common areas after the administration arrived at 9am. There were, however, days filled with mini-crises, ranging anywhere from infighting among tenants to the death of one of them. Sadly, the latter happened roughly once a month. Even though I felt taking care of tenants who passed away was out of my league at first, rather quickly I became involved with handling tenants' deaths when staff members were not available. For example, once a tenant passed away early in the morning. The situation became increasingly complex and occurred when the social work staff were at a meeting at the charity center downtown. Because I was familiar with the protocols, I had to sort out the confusion, which included a police car, an ambulance and a hearse. As I walked up to the front door, I saw the police trying to assess why the emergency medical technician (EMT) and the driver of the funeral coach were both there and not moving forward with the task at hand, in this case the removal of a corpse. After many phone calls and short interviews with witnesses, it turned out that because the deceased was a Medicaid recipient the procedures differed on how the death should be reported. The adverse ramifications of this procedure impacted who could take the body out of the home. Once the police became involved, the door to the apartment was sealed with the infamous New York City yellow police tape, making it appear like a murder occurred. What could have been a routine death became a traumatic event affecting many tenants and staff.

Various Models: Advocacy and the Preservation of Life

Being an applied practice stemming from the academic discipline of sociology, the social work profession has tried various techniques to appease these biological, psychological, and social dimensions. However, in as far as the field of social work is a part of a larger service-

based economic establishment built on the foundation of saving lives there are fundamental differences in their approaches within the helping professions. This explains in part the focus on functionality within the medical model since the preservation of life is at the forefront of the discipline. In contrast, advocacy for higher quality and an increase in services in day-to-day routines is the priority to the social workers I shadowed. As Amy, a second year intern and career changer in her late 30s, explained to me, it is all about asking questions and learning more about the environment in which people reside that sets social workers apart. She illustrated this by recounting a story about a tenant who was having issues with hearing loss. In this particular case, the tenant was causing others in his company to become agitated due to his inability to wear the hearing aid device from time to time. As she discovered:

They're not comfortable. If your doctor doesn't take time to sit with you, you have to tell them, 'Go back to your doctor, talk to your doc.' Some doctors might just be like, 'Here's your hearing aid.' And it's like, 'No, you have to sit with the person and work with them.' - or nurse or whoever - 'Help them, work with them!' And you don't know to ask these questions - I would think, like, you put the hearing in and it's fine. Who knows that there's the cheap one, the expensive one, it doesn't hurt, it has to fit properly, whatever. There's a whole bunch of things. And so, we don't think about that, and it's hard to - if you've never had that experience - it's really hard to try and think about it, you know? So part of social work is learning how to figure out what you don't know...it's really just a hard skill to learn. But it's sort of this way of asking 'something is not working, why is it not working?' It's not as simple as tell grandpa to put his hearing aid in.

In arguing against one-dimensional, prescribed, routine ways in dealing with wellness concerns, the social work model highlights the need for choice in life-altering measures, as well as an ability to acquire more peripheral information about the individual in need of attention. Clearly learning is stressed in Amy's story, as she ends by defining the parameters in which the social work staff must always second guess the functionality of the task at hand. Education, after all, in is more than formal schooling, at times boxed conveniently for the masses in factory-like warehouses, and involves task learning in various situations and places, which are integral parts

of a much larger framework of nuanced activities. Many educational philosophers have attested how these very cultural scripts defined our membership in society. They shape people through the culturally sanctioned structures they negotiate through everyday life that requires certain commonalities for groups to be organized. It is here that interaction is defined as an integral part of the human learning experience, where reflection is vital (Dewey 1916).

Moreover, the ability to make astute observations involved in problem-solving tasks from often well-concealed non-verbal social queues requires the ability to decipher them during both casual and formal interactions. This is an essential skill learned over time that experienced social workers make use of in subtle ways, which Amy further contends when discussing her social work coordinator:

There's a lot more to it and you wouldn't know all this, like you really have to have someone like Joy teach you. She's really good at it. Obviously Joy is so experienced that she could be having a conversation with someone and may not know exactly the hearing aid thing, but she can be like, 'Okay, someone, you're not wearing your hearing aid, I wonder why?' And then kind of ask a series of questions that gets to this answer of, 'Whatever, it hurts.' She could figure that out. And, you know, green social workers don't.

How one delivers aid is encompassed in observational capabilities reaching out for more than what is presented in everyday interactions, and acquired over time from an individual's experience in the field interacting with people throughout various settings. Reminiscent of the seminal work of Lave & Wenger (1991) the impact of such an apprenticeship as demonstrated in the one Amy describes is similar in scope to the dependent relationship between novices and experts in a community of practice. The learning is situated within a larger social process allowing knowledge to be created in a co-constructed reality in which self-identity is a central factor for participation. Participation assures the continuity of the communal social practices, even while the novices slowly become the experts and eventually take their place. In the case of

the social work internship, Amy is unpaid for her work but receives university credit to gain credentials as a licensed practitioner. In this context, her participation allowed the expert, Joy, the opportunity to showcase her knowledge base and to obtain help in the rudimentary activities tied to the upkeep of the tenants' well-being.

Since the social workers are trained to handle emergencies, including the deaths of people with whom they had created meaningful relationships, as professionals they always had to balance their feelings with the grim realities sometimes facing their clients. When asked about what it meant to be in the social work profession, my informants always responded with very real and practical answers mixed with idealized versions of how and why they entered the profession. In an interview with a first year intern who had just finished her second semester of graduate school as well as approximately eight months at her randomly selected internship placement, XueMin emphasized the sentimental components required to understand human complexity in all its forms. As a young woman of Chinese descent, she was an asset to the Cantonese-speaking collective. She was raised in the United States after arriving from Mainland China as a small child. Culturally speaking, she described being and feeling like an American who could glimpse into the Chinese cultural world even though she did not feel attached to it in the way the elderly sometimes expected her to. Accordingly, she had to set boundaries with the tenants who sometimes tried to arrange a match with one of their grandsons. These boundaries were not created to be harsh or cruel to the tenants but rather as a way for her to defend her sense of self against their cultural or social impositions. To illustrate these concepts from cases of my own field site, where social work interns occupied an important role in the hierarchy of the building's administration, the goal of my research was to enhance the anthropological record and understanding of self-identity among elderly people. This contextual understanding is a way to

see into the world of the other. It helps to illustrate how people who are uninformed about self-identity and the social power of sentiment may have a disadvantage. More specifically, in the United States with its exceptional diversity, collective understandings of any given act will of course follow social norms established within groups. These understandings then interact with individual preferences; conformity and uniqueness influence each other greatly in mainstream American cultural contexts. As suggested by Kim and Markus (1999) “depending on the cultural context, ‘uniqueness’ can be ‘deviance’ and ‘conformity’ can be ‘harmony’” (786). Ultimately, for the social work staff, it boiled down to connecting with people at a very deep level and using this connection to gain an understanding of how they think and feel. In response to my question about her role as a social worker, XueMin empathetically responded:

What does social work mean to me? I think it really means caring for the client. I always like to tell people I’m a story collector when people ask me for my occupation. Because I tell them that I collect stories from different types of people, and then I analyze it and try to make sense of their subjective experiences, through collecting those stories. So I think that is like the heart of social work. It’s understanding people and knowing – like knowing what makes them happy, what they’re passionate about. – ‘cause people are very complex subjects and I think social workers have a genuine interest in knowing [this]. Everyone I believe has a passion and then you ask the right question, that is when you get them to share their passion. It’s all about asking the right questions.

However well-intentioned their perspectives on aging might have been within their formal educational training, the social worker interns’ first impressions before entering the site needed to be quickly addressed if they were to stay on top of the concerns of the tenants under their care. When asked about their first impressions of the field site, two very different types of answers reflected past experiences interns had with older populations. The first was in line with the view propagated in a view of the elderly as detached from others and lonely because of their plight. As part of the three main theories on aging made popular with Cumming & Henry’s classic research on *Growing Old: The Process of Disengagement*, they described aging as “an

inevitable, mutual withdrawal or disengagement, resulting in decreased interaction between the aging person and others in the social system” (1961: 227) from social role obligations. The implication of this viewpoint was typified by WeiWei when he replied of how shocked he was not to find the whole building full of inactive seniors with low affective disorders upon first entering their domain. A male social worker intern of Chinese descent who could speak Cantonese, but could not read and write in the language, he was the also the only male intern in my two years of fieldwork with the social workers. In summarizing his experiences, WeiWei was surprised to find how very different from his preconceived notions of aging the reality of residential life entailed, as he reflected:

Once you walk into the senior apartments and someone says hello, even though I was like a brand new student, they were still kind of welcoming. So, I liked that part of it. But in my mind, like senior housing, I thought it would be more—how would you say it—depressing? Versus them [the tenants], they're a little more open and they're more welcoming. I thought they'd all be depressed. Because they just lived there and basically did not go out and have lives of their own. But here I found, they're not like that at all. They have other things in their life, the things that they like to do.

As Cumming & Henry might have predicted, these elderly have disengaged with their previous life's roles and obligations, what the social worker intern describes as the things they like to do. This withdrawal from certain roles and obligations does not mean total withdrawal from social life. As he concluded, the tenants were still engaged with other people. WeiWei's inexperience with the elderly poor caused him to enter his internship with negative preconceptions, yet by engaging with tenants he was able to better understand them. This contrasted sharply with his initial assumptions. In many ways, his initial assessment came with cultural baggage: he assumed they would be suffering from low affective disorders simply because of their physical state, a stereotypical idea that has entrenched roots in wider societal views about elderly people. Of course, the experiential learning curve required goes beyond such enculturated thought

processes. These assumptions were some of the struggles anyone entering the site had to deal with, including myself, before interactions with tenants could be productive. Experiences outside of academia foster and shape the critical thinking that enables one to anticipate problems and concerns within a framework known as common sense. And yet, as I have learned over the course of many years studying human cultural practices, there truly could be nothing uncommon than attitudes and habits based on reactions to socio-historic conditions (Farmer 2005).

An alternative viewpoint of this first impression of depression can best be reflected in KaWing's more experienced understanding of the nature of independent living to some degree. Her comment illustrates the doubts all the interns expressed when discussing their first impressions of the establishment.

It's kind of awkward. It's the first day and my expectation, I was thinking about just some sort of case management kind of task 'cause I know that it's independent living. They live there and it's not institutionalized. This would not be medical or clinical, just case management to help out with benefits and entitlements. I did not know that we are supposed to check on each tenant periodically, like every six months, that I did not know yet, and I was not expecting to run groups.

Independent living was the most startling thing for KaWing as a social worker in this environment, a point she stressed when discussing the outsider aspect in her role as an intern at the facility. During our conversation, KaWing began to stress on her own limited initial understanding and the emotional reaction she had when thinking of the past experiences tenants had with other interns. An anxiety emerged in her recollections where self-doubt and a fear of the thoughts of others surfaced as she explained:

I walk in into their lives; it's not that they walk into my life. They won't walk into my office as [if] I'm a resident inside the building! I walked into their life and it's kind of awkward in a way because I'm new and then they know everything. They know the previous interns and they would mention them and say 'Oh, you are the same like the last two girls who were here for the last year.' And then they will mention something about, I mean, they're nice in that they mention about how the previous interns got two kinds of

prizes when they finished field work. Somehow I just feel pressure about some sort of comparing - maybe they would compare [us]?

The emotional component of KaWing's narrative is not unique. After all, it is the memories from past experiences intersecting with present conditions that constantly guide our thoughts and actions. Comparing present relationships to those in the past helps individuals filter out those not worth pursuing. In fact, these sentimental reactions are part of the very mechanism allowing interpersonal relationships to flourish, for if we had to consistently renegotiate our desires and intrinsic aspects of self-identity tied to the creation of the individual person, the work involved would be draining. Self-doubt arising in KaWing's recollection of her first days with the tenants became apparent as she compared herself to the former interns. Her self-doubt demonstrates some of the constraints all social actors have while in the process of weaving themselves into the existing social fabric. Becoming a member of the community of practice – in this case a social work intern – demands an understanding of the social hierarchy as it has been and also how it is imagined to be. Given that her original role would only exist for a year (though it was extended beyond two years), KaWing was able to comprehend the social structure and also finagle her way into the emotional landscape. Her presence became an integral part of the social realm vis-à-vis the sentimental attachment bestowed upon her due largely to her astute ability to read the behaviors of others and carve a niche for herself in their lives. Through an understanding of the communal practices in the making, she found a way to superimpose a control strategy from the heart over tenants as a social worker within the confines of multiple roles of daughter, caretaker, helper, and friend.

Multiple roles aided both the caregiver and those being taken cared of in this location as was demonstrated by the actions and reactions of social worker staff. By constantly reflecting on their interactions with tenants, they were better positioned to use their perceptions to guide their

everyday routine by harnessing the power of empathy, which allowed them to see into the lives of others by reading social and cultural cues affected within larger the socio-economic order. Since these cues are often embedded in mundane tasks, tracing the history of a place along the current modes of livelihood (i.e., the economic modes of production and reproduction) serves to elicit the nuances and barriers social actors were engaged in throughout the social realm. In my own work this was no different because the social dimensions of aging, as I observed, were strongly linked to the historically constructed physical environments that continued to shape daily life.

Tales from the Field: An Unfortunate Event Brings Us Closer Together

Fostering sentiment and the process of a transition from theory to practice can best be illuminated through the use of actual events, lived experiences. These highlight the limits of any research endeavor. My own limitations became clear when I had an unfortunate event change the way I continue my daily routine, and it shaped the interactions I had with people in my neighborhood, especially my elderly informants. Walking home along Prospect Park West on Thursday September 20th I found myself in a precarious situation. Being very close to my apartment in Park Slope, I had been glad to see familiar sights indicating I was almost home, when suddenly from behind I was knocked to the ground. As I fell down in what felt like slow motion, my head hit the cement and three young men began their assault on me. They broke my nose in the process and ran off with the bag hung over my shoulder they had so desperately been seeking. With acute awareness I can still recall the fear and confusion of having been a victim of a violent crime, especially the humiliation of being left on a curb with nothing but blood dripping down my face, my stretched out hands a crimson red against the low orange hue of the street lamps undulating over the brownstones. Luckily, due to my overwhelming loud screams aimed

at my assailants, a neighbor had looked out his window and alerted the police, who promptly caught and detained the threesome as well as my property containing nothing of intrinsic value.

After spending the remainder of the evening and next morning in the Emergency Department at the Local Hospital, I was discharged with a bandaged face and a broken spirit. Meandering back to my place to rest, I passed the bus stop in-between the elderly residential center and my street, where I saw a 75-year-old woman, one I thought was of Irish descent and whom I have been getting acquainted with over the last year. When I first began volunteering at Shady Grove Apartments in February 2012, I had accidentally insulted Nancy by assuming she spoke Spanish. She, however, had no qualms with quickly informing me of my error, correcting me with the fact her ex-husband was Puerto Rican, and she never changed her last name as it is shared with her children. Now as I walked toward the bus stop I found myself being questioned in a vastly different tone, with what might be labeled compassion, as Nancy noticed the state of my bandaged, bloated, and bruised face. Her voice crackled with concern as she listened to what had just happened to me, offering help if I needed and her sympathy. We parted with her partially in tears and my assurance that I would be returning to volunteer the next week because as bad as I looked it could have been far worse. She agreed, giving me a hug as I left her to catch the bus for the grocery store, and I went home to pack my bags for a short stay with my mother, sixty-seven miles away from Brooklyn out on the east end of Long Island.

While conflict does not always end in physical violence, it never leaves us, and is in fact endemic to the human condition. Upon reflection of how this event unfolded, there are a few social facts that became more apparent to me from my chance encounter with Nancy, who I knew mostly from interactions in an institutional setting. Firstly, over the course of a year at that point I had become embedded within the routines of the tenants of Shady Grove Apartments

elderly who were residing one block from my apartment. This connectedness was intended as part of my research endeavor to use the ethnographic technique of participant observation to understand how institutional relationships function and regulate the work practices and living conditions of senior citizens. Yet, until this moment, it had been difficult for me to gauge. Secondly, this meeting reminded me of the many theories on space and place where emotive responses act to bind the individual to larger social norms, enforcing and engaging them in various cultural practices. Nancy and I took part in these practices during our brief discussion on the curb of a tree-lined street in Brooklyn. Finally, I came to the conclusion that before the day was over, many people at my field site would become aware of my plight, and I would have to explain what happened upon my return the following week. The gossip mill would be churning as information passed across and between individuals. Social networks there typically ignited with an electrical charge when there was an attack on a member of the collective, even a peripheral one such as myself. Before long, this hunch would be confirmed as the social work staff sent me e-mail messages concerning the many residents coming into their office with a desire to know more about my well-being. These same administrators even offered their own counseling services, if I was so inclined to accept them, once again demonstrating how I had made a niche for myself in such a short amount of time. However much I had wanted to move on from the events of that evening in September 2012. But, my informants would never quite let me do so, and they would constantly remind me of what happened as if I was not aware of the event. The reminders by my informants made it impossible to escape the inevitable conversation that they would not let me forget. Along with my volunteer work penetrating parts of their world through my active stance in their home, their guidance in recollecting the past made my story a part of theirs to tell repeatedly.

Describing the violent crime committed against me serves two purposes. Firstly, it describes some of the realities in the neighborhood surrounding the facility, issues that are indirectly related to unbalanced market exchanges and the core economic system of the globalized world. From my informants' point of view, the Park Slope of the past had a recent violent history, one that has not been fully addressed as promised with the newly found affluence of the neighborhood. This only gave them another reason to use caution and a further distrust of strangers as they could not emotionally or physically afford to be victims of violent crime. Secondly, the social ties found among tenants and staff became even clearer to me once the rumor mill started churning. That was because by tracing the ways my story became known to various people in the center, it showed me the intricate threads linking individuals to various groups at the residence and beyond. Social networks often use unbounded, distorted, or fragmented communication lines between individuals, and I was able to see the social networks important to my informants unfold in a way previously hidden from my view after this incident^f. What I discovered for my key informants, the white English-speaking population, was a degrading social network fraught with contradictions from the outside world. This degradation was aligned to their frailty and increased dependence on the social worker staff in lieu of the kin now gone or not able to give them the care they needed. And while there was a daily power struggle within the building for the control over ethnic and linguistic dominance within Shady Grove Apartments, it was a battle the white English-speakers were losing in many ways. Not only were their numbers diminishing as they aged, but new tenants were not being replaced with people they saw as similar to themselves. Ultimately, control over eligibility of residents was in the hands of a bureaucracy out of reach and view to tenants, but also the administrative and social work staff.

In contrast to the violence I suffered on the street right outside the geriatric residence, the power struggle I experienced was nothing like what I discovered inside the building. While people fought, bickered, and argued, their fights were verbal for the most part and rarely had physical aggression. This does not mean it did not affect them emotionally in profound ways. Hitherto, I have mentioned violence in its most basic form as social control, and how there are many ways to gain power that are not violent. That is because of the important distinction between violence and power as attested to by Arendt (1969), where violence and power are antithetical to each other, not emerging from one another. From this perspective, institutions become a new way for violence to be subdued since bureaucracies become a source of the violence inherent in power conflicts because a bureaucracy acts collectively by way of institutions that are normally removed from the location in which the conflict occurs. It is within this framework that social ailments can also arise in the individual due to less violent conflict as better seen through a discussion of the social networks and relationships that emerged among the tenants and caretakers of the geriatric residence.

“Much More Than A Form”: The Role of Empathy in Caretaking Practices

On one of our very first encounters, the social work coordinator described to me some of things that she called ‘culture’ to give me a heads up of some of beliefs and values of the white, English-speaking residents. These were essentially their belongings, and from my perspective served as cultural artifacts, bearing the weight of time on the physical condition of these well-used and worn, torn items. These included pictures, clothing, or other bits and pieces from when they were younger. The presentation was almost like a show and tell; an act of remembrance that became so immensely important to the residents. Bringing their cultural items to this meeting aptly named “The Good Old Days,” – whereby members of the club would recollect their

individual pasts – the group was initially formed out of a desire to bring together people of the same interests and history. It ended up being defined by those of the similar ethnic backgrounds who as young adults experienced the era immediately following World War II. Subsequently, this was also the same group experiencing diminished group membership, as their numbers were not being replaced as tenants died. This social fact alone caused them to become agitated when confronted with cultural difference because they were quite cognizant of this social shift, and yet completely powerless to change it.

If the ties that bind society are based on emotional attachments, then these sentimental regulators must cross into many practices of everyday life in order to maintain the appearance of normalcy. This becomes more obvious when asking people questions about their actions, which begins to separate ideal and real notions of behavior. Ideal cultural practices help to shape the way individuals consider the best course of action and any alternatives given their circumstances, and what is considered rude or taboo in relation to the ideals becomes a way to trace deviation from the norm. In the context of my field site, when I asked staff or tenants about doing work that they were not paid for, it brought up many issues surrounding the ideals of caretaking and the role of empathy for others. The ideal caretaking practices were done without economic rewards; the rewards were rather the feeling of contentment, happiness, or pride in accomplishing the task. In this sentimental reaction, a sense of being part of something greater than any one individual was important, was also tied to the ability to feel the emotions of others. Being part of a group gave a sense of purpose and usefulness to their lives. It was so vital to foundation of social ties and reciprocity that a social work intern mentioned it as her primary reason for a career change from her previous role as a high-profile journalist. During an interview with her, Amy responded to my question of why she chose to become a social worker

by focusing on the abilities gained in becoming a member of this vocation. In her opinion, what made her want to pursue this type of work related to taking an active role in affecting some sort of change in someone's life, which was the main impetus for practicing caretaking as a profession:

Well, because you know I'm a career changer, so I had been working in film and video and I had been doing some projects, which were very kind of social justice-y. And one of the things that really hit me, I was working on this really exciting project a couple of years ago, it was the 40th anniversary of Pro-Choice in New York State because New York was before the rest of the country, blah, blah, blah. Anyway, we ended up interviewing like all these amazing people and it was just this great project, and I was really excited about it. But I remember, I was sitting on the floor on this woman's apartment and she has this huge dog that kept kind of getting into the shot. So I was like holding the dog back, but I was like sitting there and it really dawned on me that there were people who had done like all these amazing stuff. And I was like, I'm just sitting here listening to or recording people's amazing stuff but I'm not doing anything amazing. And it felt like social work was a good way for me to get into actually doing - actually doing things that make a change. I wanted an active role in social change, social justice.

Evident from Amy's narrative is the way she wanted to feel happy about identifying with a particular line of work, and she wanted to feel useful. Recording other's lives was not satisfying to her in the past career. She remarked on the social justice aspect of social work embedded within the discipline. Finally, she alludes to the empathetic qualities underlying the focus on advocacy in the profession, which required a deep training beyond simply recognizing the plight of others. Being able to share the emotional experience of someone in need of care is equally important to the professional social worker. This empathetic skill, she insisted at other times, became a venue for her to not be simply obsolete to the world around her, but in her opinion also a positive force for social transformation. Underlying the desire to level the playing field full of unbalanced social conditions, Amy was cognizant that for her to be effective in her mission to alleviate suffering within certain segments of the population she needed to make a shift from observer to participant.

Encompassing a very human quality of belonging, the reasons given for becoming a social worker were tied to being part of a group. Finding a niche is a vital component to all individuals in any given social order. This quality has been documented well within anthropological studies of aging (Myerhoff 1980) where the ability to be seen as useful gave meaning to everyday existence. And yet the attachments to others due to social control under the guise of emotions act in all human relationships within a framework of sentimental regulation. This is especially true in situations where the moral order and the political order are undifferentiated, as seen in some of the relationships among the social actors on the premise. In a context of close quarters and lack of clear boundaries among neighbors, “emotions—expressed and unexpressed—do the bulk of the work of social control” (163). At Shady Grove Apartments, feelings of usefulness were constructed within the framework of helping others to survive, or to spend their final days in circumstances that seemed to make them happy. This alone could bring a sense of accomplishment to those coping with the physical and mental demands involved in the labor of caretaking.

Without identification in this role, caretaking would be very difficult to manage. This was because the caretaking workload has few benefits beyond these human ties binding people together to ensure the function of the cultural paradigm. The social work coordinator reminded me of this fact one day in the office. During a discussion on the increasing amount of time the social workers were spending on the forms required for several of the tenants’ health care benefits, I misspoke about how the paperwork was filled out. In a rebuttal of my comment, the social work coordinator quickly reminded me of the importance of attention to detail required for compliance in these matters. The interaction of social work staff with tenants to ensure benefits/entitlements were received was “much more than a form!” In her opinion, while this

paperwork was burdensome, it was an entrenched and necessary part of the bureaucracies allocating funds to tenants. The forms simply acted as a gateway; a means to an end by which tenants survived. Focusing solely on the forms without understanding the socio-economic dynamics underpinning the reasons for their use could be disastrous to tenants' livelihood. These forms needed to be filled out in a certain way. The timely submission of these forms matter as well to ensure funds were delivered accordingly. Without the help of the social worker staff that required an intimate knowledge of tenants' sensitive financial information, payments may be delayed or never come at all. In spite of everything, this was the tenants' main source of income. Without these funds and the institutions distributing them, the tenants would surely be in an even more compromised social position. The role of empathy was extended towards the act of sorting out all the benefit/entitlement paperwork as an essential part of these caretaking practices.

Chapter Summary

The location of the place I chose to study, including the details of the living arrangement I was able to enter regularly due to my connection to administrative and social work staff, was full of people with a shared memory of the Brooklyn that once was. The focus became much more about the economic realities my informants faced in everyday life. These realities have changed drastically since my family left the region. Yet, this act of social remembrance became essential to the rapport I shared with informants. Throughout this chapter, the single most defining feature of the relations between all social actors involved was predicated upon a balancing act of social and economic realities.

Since market trends insinuated into healthcare encourage skilled workers to acquire knowledge as a "commodity," licensed social workers have increasingly been in high demand across the United States. Because of their broad and applied training, this aspect of social work

enables them to service multiple roles across disciplines in various settings in ways limited to other applied fields, such as anthropology. In as much as they are trained to be advocates to a broad range of clientele, they are also trained to take on skills requiring authoritative knowledge. This managed professionalism has given rise to social workers have begun to fill social and economic niches once held by clinicians such as physicians and nurses. Since the specialization of work has become more intense, the amount of it has also risen for those possessing higher degree levels. Social workers are hired to do the types of jobs clinicians are too busy – or do not want – to do. Their presence aids in dispersing workload tension by assigning social-based tasks to them, freeing the clinicians for science-based tasks. This has caused a shift in managerial practices as well as the amount of time clients and/or patients have with their respective clinician, since they can now discuss questions and concerns with social work staff.

Part Two: The Results

V. Limitations of Intergenerational Ties within Families

Constant threads permeating all of my interactions with and around elderly at the residence were the concepts of self, identity, resource allocation, and sentiment as individuals navigated realms over which they often had little control. With my own familial roots in Brooklyn, the rapport initially made with my informants had a lot more to do with how I appeared to them than how I actually continue to see myself. My fair-skinned complexion and a

surname from Ireland lent itself to many conversation starters since the white, English-speakers found these identity markers comfortable. They reminded them of members of their collective as well as those they knew in the past. For instance, during one of the first formal interviews I conducted, which was broken in two parts because the initial session was interrupted by a change in the weekly mass, my informant blatantly told me the only reason he was allowing the interview in the first place was because we were both of Irish descent. He made this very clear using a slight, yet emphatic brogue, or accent, carrying on into heavy laughter after signaling our common heritage, perhaps even noting the limitations of such a display. Regardless, it made him compliant to my questioning, and as a tactic became part and parcel to the rapport required for such an endeavor.

One of the most salient aspects of Robert's conversation with me came when I asked if he had any suggestions for other older adults. He advised staying near both in respect to the people who matter in your life and the values you hold dear, in concrete and abstract ways. As he put it:

Well, that they stay close as possible to families, more or less depending upon their attitudes about it. More or less compliant with medical professionals who are definitely out for their good and obviously so, you know. And be friendly as possible to as many people as possible. Stay close. If you're a believer, stay close to beliefs – religious beliefs in particular – but I mean, you can be a humanist as well.

Wheelchair bound after a stroke in the late 1990s left him severely crippled, Robert could not get by without the support of others in his life. However, his familiar ties were strained by two relationships. The first familiar tie, which he constantly talked about, was his ex-wife, who left him a few years after the stroke occurred. The second tie was his son, who lived across the Hudson River in New Jersey and was more than an hour away by car. The distance Robert attempted to mitigate is a challenge because of his inability to reach them. In my many interactions with him, Robert shared a lot about the past and the good old times no longer

available to him. While he discussed his relations frequently, I never saw them around nor did the social work staff, who in turn became partially responsible for the caretaking needs of many tenants in situations similar to those encountered by Robert.

Having family reside far away, adrift in their own lives and activities, the family members of elderly who were not present in their day-to-day lives became a source for nostalgic storytelling by those feeling abandoned by their kin. These stories were often told to each other in the common areas, repeated to the point where if their memory served them wrong other tenants or their home attendants would correct their re-telling. Tales of kin would also be brought up in conversation with the building's administration, usually while they were attempting to get work done, which became a time for tenants to reach out for attention on a basic and fundamental level. The advice given by Robert was sound in that it covers all of the bases of care, namely the interpersonal relations needed to make life a little easier, physically, psychologically, and socially. But, what is most striking is the context of his background. The charity subsidized the housing unit he called home. Due to his former career as a public relations manager for the larger organization, it is not surprising how he stressed making friends in all the right places since, at least in the past, one of the ways tenants gained entry was through their informal social networks.

Whenever I would ask questions about the very obvious discrepancies – especially true for those residing in the building for more than ten years – various members of the administration would handle the topic of how tenants gained apartments at the residence with extreme care. From what I could gather, this was due to the change in demographics of the tenant population after this time, with increases in both ethnic Chinese and Russians having begun to arrive to the facility from about 2005 onward. For the most part the administration would not

answer my questions with direct or exact information on this subject. This avoidance was a technique to avoid stating too many details about tenants that was not public knowledge, and was a common feature of the conversations I had with the social worker staff because of their access to sensitive material in tenants' files. However inoffensive the reason for certain exceptions being made of tenants before 2005 made by the previous administration, I was assured the system for the inclusion of new tenants had been corrected with the stringent terms set-up for the lottery system. In their view, this lottery was created to be fair for all eligible applicants regardless of their prior associations, creed, or place of origin as stated in the charity's mission.

As previously noted, for the first twenty years or so after the residence opened, relations with tenants began in the neighborhood and extended into the building. Tenants had already been acquainted and had a long history with their neighbors well in advance before moving in. This did not mean everyone was friendly with each other, or moved together en masse, yet simply that they were acquainted well before moving in and that this influenced their willingness to get to know each other after settling into the building. While I was never informed if attitudes toward the previous apartment distribution arrangement, I suspect the use of a lottery was due to government oversight for dedication of funds as is common in many federally mandated economic distribution systems. In addition, shared common denominators such as native language or religion assured a level of trust could potentially be made with other residents. During the earlier period, the golden days of Shady Grove Apartments as I was told repeatedly, the demographics represented more or less the population in the surrounding vicinity. The Park Slope of the past tended to be of European ancestry, Catholic, and native or near native English-speakers from working class backgrounds (factory workers, secretaries, etc.) with high school or lower levels of education. More often than not, these tenants were first generation Americans,

and thus the children of immigrants, making their argument against the difference represented by the newcomers all the more untenable.

A clear exception to the new rules regarding housing eligibility based on needs-tested criteria, Robert had worked for the charity for years and was well known in the religious organization attached to the charity. This, of course, makes his last piece of advice even more intriguing since his conviction as a member of the Catholic faith was never a cause of doubt from his interactions with the priests in their weekly mass. Yet, why he took the time to mention being a humanist, or non-believer in religion, as an acceptable alternative perhaps reflects two essential underlying aspects of the charity, its residence, and the changing composition of its tenant body. The first aspect of the charity encapsulates a vision of modernity whereby, regardless of faith, those in desperate need are cared for within the confines of a moral code based on humility and charity. The system of theological measurements implicit within this moral code would actively encourage focusing on the poor and needy, regardless of their religious orientation, as the charity residence has always assured via its mission statement. The second aspect echoes the economic reality insofar as the state is concerned, which denotes all charity functions under Section 8 funding ordinances to abide by several of the federal non-discrimination laws²⁶ created after the Civil Rights Act of 1964. Robert's remark makes a distinction from stressing religious beliefs to having beliefs at all. For him, at least in relation to this remark, beliefs become the vital component to the closeness to others he advises older adults to maintain. Ritual practices have a lot to do with what my informants feared losing, such as the daily activities of the residence and their lives. Offering solace to the uncontrollable alterations of life, cultural practices embodied in ritual acts help by guiding social actors vis-à-vis the principles of shared values for the continued

²⁶ Policy in accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Fair Housing Act of 1968, as amended by the Fair Housing Amendments Act of 1988, the Americans with Disabilities Act of 1990 and the ADA Amendments Act of 2008, and the New York State and New York City Human Rights Laws.

adaptation of the social worlds they inhabit. After all, “in ritual, doing is believing, and we become what we display” (Myerhoff 1986: 268). By not concealing beliefs as he attests, no matter what their initial historical referent point or lineage may be, the ability to make altruistic links among kin and non-kin has far reaching effects toward fostering reciprocal exchange.

Forged over a lifetime and dependent on personality traits as well as economic realities, intergenerational ties fueled many, but certainly not all, of the interactions tenants had with the outside world of the residence. When discussing their lives with me, my informants often brought up their children, stressing the importance of relationships with children when others soured or tragic life events occurred. As Nancy described some of her kin and life history, she recollected vividly the events leading up to her moving into the facility, and the continuation of social ties that played a vital role in her life:

Well, I lived in Williamsburg when I first got married, and then I didn't have a happy marriage, so I moved away from both, my parents and my in-laws lived right across the street from each other, so I moved in 1962 to, some people called it Prospect Heights, some called it Crown Heights. I lived on St Marks and Vanderbilt. Okay. And I lived there until 1974 and then I moved to Park Slope and I moved to 6th avenue and 6th street and then, and I of course I worked for almost 40 years. And then when they bought me out in 1999 I moved in with my daughter, to take care of the children. I have three daughters; two are in Park Slope, and one of them is out in Masepequa. But she first lived in Marine Park, and then they decided to go to Masepequa, and so I went with them to Masepequa. And then I heard there was an opening for this building and my daughter got me an application. But I was very hesitant. I've never lived alone, I've always lived with my children, so I didn't know how I would cope, living alone. And when I first got the call, to come for the interview, I didn't know if I'd made the right choice, you know? [In regards to keeping in touch with her daughter who lives out on Long Island] Well, my daughter pays for my cell phone – so I don't have a problem – she has the problem! [laughs]

Nancy had learned to live without the aid of a husband for most of her life; she maintained a strong connection to her daughters since she raised them as a single mother. With the overwhelming burden being placed on the family “to pick up the tab” where the governmental subsidies could or would not, not all tenants found themselves in powerful positions with their

children. This burden added itself when compounded along with the eligibility requirements of the financial subsidies provided by the government, as Margaret mentioned regarding her job at the local church as a cook while raising her two sons after her husband's untimely and sudden death at a young age:

Oh yes. Well, it goes according to your income. My income went to hell a long time ago. You live 'til you're 95 you don't have too many pots of gold – believe me – stored around. I got my two kids through college, please! I did the best I could, and the only one thing I didn't like about the, my job, is they did not pay us properly. They sent millions everywhere else, but, you know, I told that to everybody.

The importance of family interactions and attitudes towards care for elders requires, as Bartoldus, Gillery, and Sturges (1989) suggest, “a relationship woven with fragile threads, creating complex patterns and interactions (209),” where promoting the health and sense of wellness becomes one of many objectives. In particular, this goal is fraught with challenges, sometimes at the physical and emotional expense of those actually completing the tasks. Changes brought about within larger societal structures and norms do impact families and its eldest members in various ways, rippling across these fragile relations. Given the geriatric residence was a small part of a larger charity organization with commitment of services to the elderly, tenants would go directly to the social work staff first for pressing issues, requesting action or for someone to hear them. While many of the times the social work staff would mentally file the information away to later use as a basis for diagnosis or advocacy, the expressive system of complaints and grievances became a vital part of how the social work staff acted as interlocutors between the tenants and their next of kin.

Family support came in many forms and was heavily dependent on the individual. Their personal trajectories as well as decisions made long ago interacted with social realities completely out of their personal control. Some of my informants had children who lived very close by, while others had children out in the surrounding suburban areas, an hour or more drive

by car and even longer by train. There were those with no family, and those with family too close for comfort. Called “the illegals” by administration, the children residing with their elder parents illegally in the dwelling was cause for the most consternation by others residents and staff. These were almost all males living with their mothers, with one exception of a daughter residing with her mother. While outer emotional expression is not directly linked to the inner feelings of individuals, it may be used to control personal relationships in the domestic realm. Belmonte’s classic work on urban life in Naples, Italy shows how the family is a socially constructed and maintained by close personal connections in this particular urban ghetto where poverty was rampant in the agro-centers common in the Mediterranean basin (1979). Informants viewed the emotional attachment to their fathers as something to be earned and the maternal love supporting them was always viewed as a given, internal, and instinctual matter. This reductionist viewpoint has been critiqued extensively in anthropological literature (Lutz 1988; Scheper-Hughes 1993), and yet mothers in this urban enclave were not without their own issues. Possessing little power outside the domestic unit, any control warranted to them vis-a-vis familiar relationships within the household came in the form of social-networking within the confine of the emotional attachment earned over the life course. This accounted for the practice whereby women were assigned instinctual motherly qualities. To survive, one had to play the socially sanctioned role of mother, binding women to the home and simultaneously giving them power not existing in other social realms (Belmonte 1979). In sharp contrast to the way in which the mothers at the residence were interacting with their adult offspring, the public policy of their home would not allow this type of interaction to continue for too long.

Within the first seven months of my field research, the housing director passed away at the age of 60 from *lupus erythematosus*²⁷, a debilitating and deadly autoimmune disorder. Her early and unexpected death raised doubts on whether or not I could continue my study. But most importantly, her passing created turmoil to the social structure of the residence, with the administrative staff seemingly in disarray and old-time tenants affected deeply. Their remorse for Loss of the housing director affected my time there tremendously as I bore witness to the huge alteration in the operational standards of the institution, with even my presence being questioned at times from the administration of the charity located in downtown Brooklyn. This was because the housing coordinator was at the top of the hierarchy of the residence, and she had been working in Park Slope at this facility and another across the Gowanus Canal for over twenty-five years. In many ways, she served as a focal point for tenant concerns and the maintenance of the building. Making herself available to all members of the facility by creating strong bonds with those she was in charge of, the housing director was the foundation for all that went on there. Skilled with addressing tenants' concerns, she knew how to engage them in ways only the social work coordinator emulate. This was accomplished while also managing the administrative staff and handling any demands from the larger charity organization. It took over six months to fill her position, and one of the first acts the new housing coordinator did was to create policies aimed at controlling the population from a top-down approach.

Another issue quite pertinent to the lives of the elderly in which the new housing director was now tackling were overnight guests overstaying their welcome. The policy as written states only official tenants and their spouses can stay overnight, with any guests having to sign a waiver form. In the past it was simply the name of the person staying and the tenants' apartment

²⁷ Lupus is a chronic inflammatory disease marked by the immune system attacking the body's tissues and organs. Inflammation may affect many different systems and is difficult to diagnose. Source: <http://www.mayoclinic.org/diseases-conditions/lupus/basics/definition/con-20019676>

number, very limited information. The new form, which the social work coordinator commented she was uncertain how it was to be implemented, would include stipulations on how long guests could stay as well as a list of rules and regulations they needed to follow, plus three signatures: those of the tenant, the guest and management. The new policy is being implemented in an attempt to help mitigate the number of tenants' children who are now secretly living with their parents here. As per the social work staff, this includes some with their mothers sleeping on the couch, while their sons are taking over the bedroom. One of the new stipulations on the guest approval form directly reflects NY State law whereby only those living in a place for more than 30 consecutive days are allowed "squatter's rights." The new form allowed for someone to stay for up to 29 consecutive days, but no more. This policy was made to stop someone from claiming the space as theirs should a tenant pass away. The social work coordinator said the new approval method, if implemented correctly, would protect those elderly. From the point of view of the building's administration, tenants may not necessarily have wanted their children living with them, and yet they may have found themselves in a position of having to foster an adult child due to many situations, mostly financial. Thus, caretakers sometimes framed limitations imposed on tenants by their reliance on next of kin in an antagonistic way. Underscoring this viewpoint was the attitude that simply living to advanced ages brought new issues to contend with in the familial structure.

One of the ways I would engage in conversation with informants was to have them show me pictures of their family. When I was in a tenant's apartment, I would ask who was who in photos on the wall. This provided mixed results as individuals varied in their desire to divulge what could be sensitive information about their family. One interviewee, Olga, who had lived in the building since it first opened in 1980, showed me pictures of her 100th birthday party one

afternoon in the spring. As always, she was dressed elegantly in what I would describe as an old-world fashion trend, attire that may have been seen at a formal church event. Adjacent to her on the coffee table was a formal tea set with delicate ceramic cups arranged for Olga by the home attendant. In our interaction below, I found myself not understanding certain people who were clearly important to her life:

Researcher: Oh okay. And who is the nun in this picture?

Olga: Yeah, that's my daughter.

Researcher: Your daughter is a nun?

Olga: That's my other daughter. That's Olga and this is Sister Zophia.

Researcher: And Sister Zophia is...?

Olga: Zophia is my daughter and she's up in Chicago!

Researcher: Wow.

Olga: Yes, and she's in her 70's...

My own ignorance became apparent as I chatted with Olga, and yet she forgave me for not understanding her situation initially. What this brief encounter made me realize was just how diverse and scattered many of my informants' families were. The older they became, the less likely they were to have kin close by and easily accessible to attend to their growing needs. Even if next of kin were near enough to arrange for accommodations for their parents, their children were not always in economic situations to share the wealth accordingly. Yet, if her daughter's position in the church did or did not have an influence in Olga obtaining an apartment at the facility is hard not to ponder. Overall, however, those with immediate family, even if far away, were better situated than those without, as Peter's life history painfully demonstrates.

“Without a Family You’re Lost”

My weekly meetings with certain tenants afforded me the opportunity to spend time with two wheelchair-bound men, Peter and David. These “friendly visits” were conducted as part of my responsibilities with the social work staff. Part of the reason the social work coordinator matched me with them was because she thought they would respond to me better than they had some of the other social work interns. This was mainly due to phenotypic characteristics, namely our shared sex and ethnicity, even if culturally- and socially- speaking we were worlds apart. Attending to the needs of a gentleman with a severe neurological and degenerative spinal disease living by himself without any immediate family of his own allowed me the opportunity to experience his life. Yet, I was cognizant of the fact these series of “friendly visits” were conducted as both as a way to aid the elderly in need and to keep a watchful eye on those at the margins, whether they be physically or mentally challenged.

Spending time with wheelchair bound informants made me seriously reconsider how easy it was to move about the city with limited mobility. The ability to cope with the stresses of being packed into a subway car or able to climb steep stairwells in a rush hour throng were of major concerns. In Peter’s case, having been born with a debilitating spine disease, he had adjusted to an entire life of using canes, crutches, and only recently had to start using a wheelchair full time. One day when I went to fetch him for activities in the common area of the residence, I could hear him slowly making it to the front door using his cane, the tick-tock sound of the metal bob at the bottom of the cane indicating to me movement on his part. When Peter did finally get the door lock open and narrowly edged the door ajar, I noticed to my own shock that he was huddled on his cane and only wearing a diaper.

Since we had to be downstairs in a reasonable amount of time, Peter asked me to help him get dressed because his home attendant had left for the day, and I agreed for the sake of timeliness and because the bond between us had grown strong²⁸. None of the social work staff would have helped Peter in this manner, and they often told me never to touch tenants even if they were on the ground. This had more to do with insurance regulations rather than the safety of the tenants or staff. This policy speaks to the level of bureaucratic wrangling that is required to protect the vested interests of the larger institution in a litigation-friendly society. Peter could not move very quickly and always had to be propped up on something in order to maintain his equilibrium, and unlike a child, he was partial to shame and embarrassment from his physical condition. The hardest part of this endeavor for him was putting on shoes and tying them since he could not bend over properly to do so. Finally, after over twenty minutes of straining and fumbling around, it became clear to me that putting clothes on an adult was a time-consuming and difficult task. It was in this instance of being on my knees in front of a man whom I had just aided in such a basic ritual as clothing oneself where I had a profound realization about these sorts of encounters that the social worker staff and the home attendants were forced to deal with every day.

It became apparent that I knew very little about life for those marginalized by disabilities. The struggles they dealt with in a physical environment unable to support them were immense. Yet, anthropological studies have a lot to add on the knowledge gained in the field. As chance would have it, this was not the last time I would encounter him or David in this state, unclothed and vulnerable. In writing about their weakened social positions in these instances, I am not trying to overemphasize their physical disabilities, but I must acknowledge the way I started to

²⁸ These types of reactions toward the needs of my informants attests to the difference I continuously stressed between the administration and myself regarding my role as an anthropologist.

think about their living environments. What these moments with them made me realize was how much work was entailed in the maintenance of everyday life for both men. Life in general takes time and energy, and for those at the margins, the ability to gather the proper financial and social resources is a tremendous effort beyond the capabilities of a single person. It requires social systems to handle the care and funding mechanisms to meet the expense of costs incurred.

As indicated by the first-year intern earlier, the social work coordinator had the ability to see problems and anticipate them to a certain degree. This was a skill she learned on the job from her many years of experience working with elderly in a variety of capacities. In Peter's case, his daily struggles from a lack of control over his body brought to the forefront some of the issues of not having a family. As I would come to find out, tenants and staff often discussed his situation as a way to underscore the importance of familial ties. Although, in most instances the finer details were unknown to most since they were removed from his daily routine and often oblivious to the specifics of his plight. As much as Peter had become a staple in the lives of his fellow residents, he had become a burden as well. People were worried about him, with the common phrase "Oh, I haven't seen him around lately" attesting to the fact that his presence, or lack of it, was noticed.

The social workers had a keener understanding of the basic needs of residents. When the social work coordinator set up the friendly visits, she informed me how to look out for certain behaviors, including whether or not he was taking care of himself and most vitally, was he socializing with others. Having no immediate family of his own, Peter depended on his sister and her children who lived in New Jersey for social interactions that the other residents took for granted. In reaction to not having immediate familiar relations, Peter's often recounted his past

memories of traveling. These stories were part of his reaction to an ever-changing world, whereby he sought the familiar by recounting activities from the past.

The first time I met Peter was in the hallway outside the social worker's office. The social work coordinator had just finished debriefing me on several of the tenants that she wanted me to work with as part of my initial training. As she opened the door after our meeting was adjourned, she heard the elevator door open and surprised, and exclaimed "Here he is!" Peter and his home attendant, a woman from Jamaica²⁹ in her late thirties, were slowly passing by on their way for a walk to grab lunch. The social work coordinator took advantage of the moment to introduce me, and since Peter had been told about me beforehand and was expecting to meet me sooner or later, he perked up once he realized why the social worker had abruptly stopped them. Peter was smiling, expressing excitement about the friendly visits I would be having with him once or twice a week depending on his schedule and began to ask me about my ethnic background. Hearing my ancestors hailed from Ireland and Germany he roared with laughter, exclaiming how he, too, could claim a similar heritage. Shaking hands, we made a deal to meet up after lunch the following day to begin what would be an enduring relationship, one that taught me about the hardships endured by some of the frail tenants in their later years.

However, at this site there were many people with severe disabilities. While Peter was one of many, I was not prepared and did not have experience interacting with severe levels of caretaking in such an intimate way prior to meeting him. In all honesty, the first time I was introduced to Peter, I found myself squeamish about the manner in which he ate due to his very limited motor skills. More often than not, I saw Peter drooling over himself even while conversing with others. To make matters more complicated on more than one occasion in an attempt to rush to the door when I knocked, which took him a long time to do hunched over

²⁹ The island nation in the Caribbean, not to be confused with the neighboring borough of NYC.

holding onto a cane, I was startled to have Peter present himself almost naked, standing in his diaper. Not being able to stand up straight, he was hunched over because of his spinal deformities all the time, and usually sat in a wheelchair. Peter could barely make it to the restroom as well, and relied on a urine collection device he kept on the coffee table in his living room. Thus, as an alternative to not being able to dress and undress in a rapid motion, he often sat around the house in limited clothing to avoid making a mess. Since I began visiting him once a week, I tried my best to be patient, caring and compassionate towards him, which tested the limits and boundaries I was willing to use participate observation to understand his life. It required me to set limits on my interactions, such as dressing him, as I would only help him with his shoes once the remainder of his clothing was on his body, a task he could do with time. This is important to note because Peter's home attendant would go beyond this, bathing him and changing his diaper, tasks that were necessary for his everyday routine, yet completely inappropriate for me to do as a researcher, especially since there was a home attendant. For these situations, I assumed the role of social worker and was instructed by the social work coordinator in what they did and did not do for the tenants.

Regardless of these obstacles, my relationship with him was sound, and he became one of my key informants. In the privacy of his home, Peter would allow me into his worldview, and through helping him accomplish everyday tasks, such as putting on and tying his shoes, I began to realize how difficult it was to be in a body that could not do what the mind wanted to in a timely fashion. It did not help that Peter had no spouse or children. He had sister who called the social worker office once a month for updates on his health, but she and her family lived almost two hours away in New Jersey. This was a strenuous journey for Peter, who made the trip a few times a year for holiday gatherings. Yet, it was impossible for him to do so regularly, and when I

met him, he was self-isolating more and more due to his condition. The home attendant as his aid became Peter's primary caretaker who was in contact with him daily, even if she only saw him four times a week. Going above and beyond her duties even on her off days, the home attendant would call to check up to see how he was doing. This constant source of monitoring was not unwelcome by him since he tended to stay inside alone when the caretaker was away.

Peter's home attendant was concerned with all aspects of his daily routine. She made sure he attended to his social and medical needs. Always accompanying Peter to his appointments outside of Shady Grove Apartments, the home attendant's schedule became the time frame for him to leave in order to accomplish various tasks. These included trips to the grocery store, pharmacy, barbershop, healthcare facilities, or any other place Peter needed to be outside of the purview of the social worker staff. On one such occasion the home attendant was not able to bring him to the dentist. Because of the trust instilled in me, and at her request, I agreed to bring him to the dental office when the appointment could only be made on her off day. As we were getting ready, which for Peter could take a while, the home attendant called to confirm the details of the trip. We were to call the car service, go to the dental office, and come straight back to the apartment. It was made clear that there would be no deviations from the plan. After getting Peter downstairs in his wheelchair, the security guard called the car service for us, and once they arrived we were on our way. Driving in the direction of downtown Brooklyn on 8th Avenue, we passed a few buildings where Peter had lived previously. Over the course of about 15 minutes he reminisced about his prior dwellings. In one apartment, he retold a story about how he got the apartment because of his aunt. This particular place was not a good fit, however, since it was a third floor walk up. At the time, Peter was still able to roam without his wheelchair and just the use of a crutch. Yet, the strain of carrying items up the stairs was too much for him. Besides, he

concluded as he bellowed with laughter, the temperature in that building was always too much; either too hot in the summer or too cold in the winter. As we continued up the avenue we passed the local hospital and another brownstone elicited a very different emotional response. Peter began to cry as he recounted how his mother had died from a heart attack in that building. This was not the first time he had cried in front of me about painful memories. A similar reaction occurred anytime we spoke about his parents. After all, these were the caretakers he attached to as a child and whom he had an intense dependency on for the first quarter of his life. With his parents passing in his 30s, Peter had to rely on his sister. Yet, this was a relationship based on a moral obligation rather than on affection, as far as I could tell, and not one that Peter was terribly interested in maintaining. In his opinion, she was bossy and demanded too much of him. This autonomy was present in the relationship with his parents, as he recalled, and there was no one to take their place.

At the dental office we would be confronted with another slight to the autonomy that was so important to Peter's sense of self. In the waiting room we watched bits and pieces of a game show, and Peter made a lot of jokes about the absurd behavior presented on television. He was nervous about seeing the dentist and I could tell because of how the conversation would ebb and flow more randomly than usual. The office staff pulled Peter's medical chart and asked us to move into a small consultation room. It was equipped with a dental chair, shelves with medical supplies, and charts on the wall with facts about teeth and tips for taking care of them. Peter's nervous behavior disappeared once the dentist came into the room as he became completely withdrawn. Over the months I interacted with Peter I had begun to notice a trend in his actions when confronted with authority. He would become silent and still, listless towards the person in power directing him. This disengaged behavior is how I observed him interact in the presence of

the home attendant or social workers, and now I witnessed the same behavior with the dentist. With caretakers assuming power over him, Peter shrunk into a quiet, still version of his normally gregarious personality. While I had hoped to observe more than participate in this particular event, because Peter was so withdrawn the dentist began to have a conversation with me about the state of his patient's oral health. The dentist even went so far as to open Peter's mouth and shine a light on the calculus (tartar) collecting at the base of his mandibular incisors. Holding Peter's jaw open and turning to me, the dentist exclaimed his disgust at the state of the decay. Asking me to look for myself and rolling his eyes, the dentist alluded to the extended time between visits. In the opinion of the dentist this was due to neglect, which he concluded was obvious from the excessive tartar build up that extended along the base of the jaw, away from the teeth, and below Peter's tongue. The encounter with the dentist was not the last time I bore witness to Peter in a state of disengagement. With his level of autonomy shrinking in relation to those caring for him, his ability to cope with additional layers of managed care would eventually be detrimental to his ability to maintain a position at the independent living institution.

Regrettably, and in many ways similar to how the social work coordinator predicted his departure from Shady Grove Apartments might turn into, Peter went into a rehabilitation hospital due to a fall and never came out. The last time I met up with him he was dazed and confused³⁰, sitting in a wheelchair in the hallway outside his room and drooling on his shirt with a box of tissues placed on his lap. It was a week before Christmas and snowing heavily outside, but I felt a need to see him because the social work coordinator had informed me that his condition was not improving. In October of 2014 he had fallen in his apartment while his home attendant was not around, and unable to pick himself up, Peter laid on the floor for almost two days before

³⁰ Because I was not next-of-kin, the rehabilitation staff would not disclose his medical diagnoses and the reasons for his limited coherence. My information about his condition came from the social worker staff at the geriatric residence. His current mental condition could have been medically induced (due to pain medication or to an cerebral injury sustained from the fall), socially induced (due to the further lack of socialization at the rehabilitation) or a combination of these factors.

anyone found him. Since I was not sure if he would ever return to the independent living facility or, in the worst case scenario, make it out of the hospital alive, I decided to make the trek in the storm to the hospital for assisted living where Peter was placed – supposedly temporarily. Upon arriving he perked up out of a trance-like state, excited and happy to see me, and as it turns out I was his only visitor in over a month. Resting on his lap was a box of tissues, for Peter to use to address his drooling, yet he was not using them and his shirt had a long stain down this shirt wet from his saliva. When I found him, he appeared incoherent, yet after some coaxing from me he began to wake up and realized who I was. Spending over an hour with him, the first quarter we played catch up with Peter discussing how he was being treated, the food, and other details of the rehabilitation center. The remainder of the time our conversations drifted to the many stories he had about his past, the so-called ‘good old days’ when he was more mobile, especially the tales from the one trip he took to Europe where he was able to meet his mother’s extended family, who he has always claimed spoke only German. Regardless if mired in truth or fantasy the recollections served a purpose for Peter. Myerhoff (1992:238) suggests that, “...memory may offer the opportunity not merely to recall the past but to relive it, in all its original freshness, unaltered by intervening changes and reflection.” As confined as Peter was for many years to the surrounding neighborhood, through the telling of stories from long ago he became unbound from the wheelchair. In his stories from the past he was surrounded by the family that he did not have in his life today.

Because Peter had not been interacting with other people for over a month, his ability to recollect facts appeared to be slipping. This could have also been to any medication he was taking as well. It was difficult to gather information about his condition nonetheless since the rehabilitation center would not give me details of his case because I was not next of kin. This

memory lag became apparent when he retold how he got to be at the rehabilitation. From his perspective, it had been summer, and he was walking back to Shady Grove Apartments with groceries when he must have reacted to the heat, claiming he woke up on the ground outside the facility with the EMS and ambulance getting ready to take him to the hospital. The social work coordinator told a slightly different version, with elements from Peter's story interspersed. In the official report, his home attendant had been worried because she always called him on her days off, and he had not picked up the phone that morning. The social worker interns went upstairs to see how he was. Because he did not answer, they had the superintendent open the door, and they found Peter on the floor in the bathroom unconscious. EMS and the ambulance arrived, and this is the point when Peter woke up as he recalled to me. The main difference between the official version and Peter's version of events is that he recounts a world where he is mobile, where he is able to do things for himself, and where he was outside by himself.

All images from the distant past, these memories were strung together from various different times in his life, or from fantasies of how he wanted to actually live. A constant problem I encountered with hearing stories of the past was the presentation of factual versus non-factual elements, and Peter was not the only one to follow this behavior. It became clear to me that I needed to always triangulate these personal histories as best I could if I wanted to come closer to knowing the reality of the social forces shaping their lives. Beyond the data generated and the ways I collected data via participant observation, this case highlights the intricate and interwoven lives of social actors at the geriatric residential complex.

Far from Kin: Replacement of Caretakers

The care required by my informants had a broad range of needs. At the end of my time with Peter, he required 24-hour care. This type of care not only required a specific set of skills,

but also a mechanism for paying the fees associated for skilled workers. These services were not cheap, and because the residents were indigent their ability to gather funds was extremely limited. This left a lot of work to do in order to pay for the services they clearly needed at the hands of the caretakers at their disposal.

At the independent living housing residence, and in the absence of immediate kin not able to afford or not wanting to reside in the city, the elderly who have found their families scattered or not willing or unable to take care of them, were afforded the aid of a full time social worker and two interns who worked Monday to Friday. In this setting, the caretaking practices accomplished by social workers often forced them to act as extensions of the self in three unique ways when tenants were unable to navigate through various social or physical conditions. One of the most pressing aspects of the tasks performed was helping residents with the cumbersome system set up for them to receive the necessary funds for everyday living expenses, to negotiate and explain the rules and the limitations inherent in these limited wealth distribution systems. A second aspect was attempting to engage residents in activities aimed at both encouraging them to interact with others while also engaging in simple exercises, movement done in the hopes of maintaining or elevating their current physical and mental conditions. Finally, the activities created by social work staff for tenants, ultimately, were by in large attempts at making the residents relevant to their neighbors, and extended outside the boundaries of the residence, when permissible, to include neighborhood affiliations, regardless of how the tenants actually felt about these strangers.

“But we do receive a lot of phone calls from people in the neighborhood,” KaWing mentioned one afternoon as we were writing our field notes for the day. Social workers are required to write detailed case notes regarding all the interactions they have had with tenants

throughout the day. These notes appear in several places, including their daily logs and the files kept on tenants, all of which I had to learn how to do as part of the administrative team. Clinical in nature, the notes are written in the third person voice to describe events occurring at the center as well as in the neighborhood. Additionally, there is space for social workers to give their version of events, which could and often did, differ from the client's version. The professional gaze utilized by social workers is needed in order to allow them the social space in which to step back from events as they occur to organize their thoughts and reactions to the events of the day, in a very similar fashion to my own field note taking. Regarding the calls received normally towards the end of the day to the social worker office, KaWing insisted it was usually from current tenants' next of kin regarding concerns for their health or outsiders inquiring about how to get their own kin into the center:

KaWing: Yeah, they ask about health. 'What is the eligibility? How can I get my parent in?' Even though if I let them know that the waiting list has been closed, we are not accepting new applicants, they will still ask questions. This kind of apartment is really appealing in terms of how affordable they are, and the location and the layout are nice. The apartment is really nice 'cause you know, some apartments, the lay out and the structure are not that great, it's very small, everything is crammed together. These were designed for seniors to give them a lot of space, it's meant for people with walkers or in a wheelchair.

Researcher: Do you know if they are the same price or are they subsidized since they're both section 8?

KaWing: It's around the same price. But the one difference between senior housing and NYCHA is even though if they are paying 30 percent income in senior housing, if they don't have income or their income is too low, lower than 100 dollars per month, they don't have to pay any rent. But in NYCHA, they're still paying, they're still paying like 100%, there's a minimum that they're still paying. And then in NYCHA, if they're not working, you know, they have low income or the income is not taxed or if they're not working full time...

Researcher: For seniors, too?

KaWing: Yeah, for seniors! Also, Okay, let me make it clear: A lot of residents from NYCHA apartments are required to have community service hours. It's either

because they do not work full time, or because they do not work full time or they do not have a job. So they have to provide community service hours. I mean...it's usually 60 hours a year or something. I remember that when I was in the senior center, there was a man from the neighborhood, he's like 61 or almost 60, who was asked to [volunteer], I know his wife was working, and that he was working, but I don't know if his work is on paper or off the books. He was asked to come in to conduct some community service hours. I can remember like four hours or so weekly. So he went in the senior center to fulfill his requirements. We don't have that. [In regards to the current residence] It's for seniors who cannot afford normal housing. Yeah, there's no requirement.

When I asked her if she thought the center should have a similar requirement for mandatory volunteer work for tenants, the answer was "I don't think so." She went on to discuss her opinion on the state of affairs for the elderly poor, and the volunteer restrictions she believed were necessary:

KaWing: One thing is, if the tenants want to, for sure, I mean, they can since they have a lot of stuff to offer society as a different age-group. But a lot of them, they are frail, they're on walkers, they cannot keep their balance, some of them have high blood pressure, they might have like business [toilet issues and incontinence], all the time or sometimes, it's not safe for them to run around a lot here. Okay. So I don't think that being a volunteer should be a requirement for them to move in to senior housing apartments. These apartments, also, are for people with disabilities. It's not only for seniors, but people with disabilities. Yeah, so it's different. These kind of apartments are much better than those at NYCHA, not only in terms of the affordability, the layout, and the accessibility, not only for that. And it's also in terms of the security issues. Security is going on here, but not in the NYCHA buildings. Most of them do not have security. It can be very dangerous sometimes. And they do not have social services and administrative staff. So they don't have like a crew of maintenance people working there everyday, fixing everything, cleaning this and that. So that's quite a benefit!

Without question, the site on the physical edge of the socio-political border of Park Slope was certainly one of the most admired, with many residents without my asking exclaiming how lucky they were to have been placed there since it was not only the best location they could ever hope for, but also the nicest building in their opinion. One afternoon after a long day of making rounds with the social worker staff, I encountered a few of the older women sitting by the windows with their mail. On this particular day, Cathy, a woman with a disability bound to a

wheelchair due to a neurological disorder, retold the story we would all come to hear many times. This entailed how she had visited several of the other facilities before moving into Shady Grove Apartments, and always ended with her testament of the superiority of the building among the twenty-two others run by TCC. Of the many daily rituals of the life of the center, generally the hours between 2pm and 4pm or two hours after the mail was delivered, not only signaled the nearing of the end of the business day, but also a time to gather and discuss local occurrences. Ranging from gossip about the ins and outs of the apartment complex – often composed mainly of complaints about administrative staff – to informal information sessions where seniors educated others about the multiple health concerns plaguing all of them at some time or another, mail time was a communal event writ-large. Putting the popularity of communal activities at the geriatric residential complex aside, the social space itself would never had come to fruition without the planning of a development corporation belonging to a division of the Catholic Church.

Residents had mixed feelings about the building in general, ranging from those quite attached to it, to those quite indifferent. As Nancy, put it once when I asked her about how she felt about life at the geriatric residential complex. “This is my theory. It's just an apartment building. If you want to mingle, you can mingle. If you don't want to, you just get off the elevator and go in your apartment and shut the door. That's how I look at it, you know?” However, not everyone shared these sentiments, and the building itself generated enormous emotional attachments, ranging from territorial claims of space to more substantial nationalistic tones. Others were acutely aware of the early days of the building, and at least due to their own perception, imagined it as a much happier and healthier place. In their opinion, it was a community built on familiar and common elements from the neighborhood, one including a

common language and ancestry. This distinction was only made more evident when I asked tenants about who and how they mingled with other residents.

Margaret: For me it doesn't make any difference. I'm 95. There's 3 or 4 people I know down there. That's all I know in the building, two or four more people.

Researcher: Do you have many friends in the building? You said you talked to some people.

Margaret: I have no friends. Here it's Chinese and they don't speak English.

Researcher: But there are people who do speak English. Do you have relations with them?

Margaret: Oh yes, we talk. There's about five of them. When I go down we talk, yeah.

Researcher: And what do you do with them: Do you call them or just go downstairs?

Margaret: Just call them. They're not the type of people that were here when I first came!³¹ People would knock on your door, come up and have a cup of tea with you. Oh lord, it was gorgeous when I came here, please.

Researcher: As you said earlier, it was a lot more communal, there were more people coming together, right?

Margaret: Oh yeah, but there was a lot more people from [the local church one block away] so I knew three-quarters of them [the residents in the building]. That made a difference, too!

Researcher: You knew them before coming here?

Margaret: Yeah. Oh yes, because our church is right up here. In those days we all went.

Researcher: Do you still go to the mass on Tuesdays here [at the residence]?

Margaret: Yes, when I feel good I go down. Yes, some days I don't feel like it. But, oh yes, [in the past] we went to church together...

When discussing the majority of the younger and disabled people at Shady Grove Apartments, the social work staff did not have as many meaningful interactions with them. This could be interpreted mostly to the fact that a large majority of tenants were elderly and there were only a few considered younger and disabled, most of whom did not need or want the external help provided. Yet, interactions did occur, as KaWing articulated:

³¹ Margaret is discussing the change in demographics since the inception of the lottery in the mid-2000s.

Yeah. But also, for people with disability, some of them, they do bring their letters in for us to read. And then some, they might claim that they cannot write and ask assistance to fill out forms. It was just pretty much the same in terms of complaints, coming up to us to file complaints. A verbal complaint, something like that, but really, they're kind of segregated 'cause they're not seniors. I mean, they live in a different kind of time to share different kind of stuff, yeah? And then I just don't see a lot of interaction between the disability [population] and the seniors. I don't really see that.

The Reality of Benefit and Entitlement Regulations for the Elderly Poor

My own experiences working as a social worker included helping residents with entitlement and benefits. This could include reviewing the eligibility requirements with them, or calling one of the federal or state agencies when tenants were not sure of what to do. Most of the time, tenants would occupy the social work office with requests when a letter came in the mail addressed to the tenant. These letters could include simple remarks about the status of eligibility, one of the rules changed or altered in some way because of politicians in far off places, or due to issues the administration had with the receiver of their funds because of compliance within the framework of regulations.

The very massively bureaucratic insurance funding systems, including the social security administration as well as Medicare, Medicaid and any other private insurance policies, could overwhelm us on the best of days³². Tenants often discussed their dissatisfaction with a system they perceived as broken and unfair, as noted in my conversation with Nancy. She had just finished explaining to me some of her financial hardships, which included the way her insurance covered medical expenses. Due to the plan she received based on her income, she had Medicare and a secondary insurance to cover what the government program would not. Having to pay extra for this coverage was a burden in and of itself. On top of the monthly payment, not everything was covered, leaving her with medical expenses beyond her monthly budget.

³² The social workers are considered highly skilled labor, yet regardless of their advanced degrees and formal schooling, the complex systems were increasingly difficult to navigate as I found out first hand shadowing these professionals.

Reviewing her expenses with me in the privacy of her apartment, Nancy reiterated the social and financial drain she experienced due to the way the older adult insurance policy was disbursed:

Yeah, I pay, I don't know how much Medicare is a year now, I'm having a senior moment, but out of my pension I pay \$200 a month, that comes out of my pension before taxes, and I still pay for medicines out of pocket. And I have, you know, my insurance plan, there's a drug plan in there, but it's not helpful. I mean, I just went the other day, and I spent \$55, on four prescriptions, because if it's not generic, it costs you \$20, and three of them are not generic. So, and I had to renew two and two others. And that's a month, and that's not all of them. I take eight pills a day, so, yes, it's a burden, yeah. And one of the tenants asks, 'You pay that every month?' I said, 'Every month!' I sometimes have a problem with, and this is maybe your field, [pauses], I don't know how to explain it though. I pay for the Medicare, and I pay for my secondary insurance, and while I'm responsible, Medicare doesn't pay, they pay only 80%, and I'm responsible for the other 20. Maybe it's the plan I have, but I have a high deductible, before they pay anything. But, I feel like, why can't they just accept whatever they get, you know, the hospitals. When I went to the ER [Emergency Room] in January, I got a bill the other day, almost \$3000 for the hospital. Medicare paid whatever, and they sent me a bill yesterday for almost \$300. I mean, it's better than paying the thousands, but, so I meant to call them today to, you know, because it says on the form, if this is a hardship and I want to send them like \$5 or \$10 a month. I can't pay \$300!

Born and raised in Brooklyn, Nancy migrated to the area surrounding Prospect Park, first from Williamsburg to Prospect Heights in the 1960s when her marriage fell apart and she was left raising four children on her own, and later in the 1970s to Park Slope. With parents of mixed Hungarian and Irish descent, her father had never approved of her marriage to a Puerto Rican male, and when the relationship soured because of problems associated with domestic violence and spousal abuse, Nancy had to fend for herself and her children. Whenever she reflected on the past, Nancy would explain how the experience had left her with a strong sense of responsibility, to her children mostly, and to those around her whom she thought were suffering in some way. Unfortunately, being a single mother without any formal schooling beyond high school limited the types of jobs she could find, yet, while she struggled, she was able to get into an office and worked her way up into an administrative managerial position. Upon retiring, which was forced

by the company in what she described as being bought out in the late 1990s, she at first moved in with her son in one of the classic suburbs of Long Island: Massapequa.

From the point of view of the social worker staff, the status elderly had as immigrants deeply affected their ability to access resources readily available to others within the same income bracket. When discussing just how certain populations were getting more help in terms of home assistance, the social work staff openly admitted it was not easy for the non-Chinese segment of the population to obtain aid in the forms of home attendants. This was because while a lot of the non-Chinese needed the assistance with day-to-day care, they were still not getting it from their insurance providers or family members. In the opinion of the social worker, part of their problem was tied to the way they saw themselves as individuals. Allowing a stranger into their home, in these cases accepting the aid of a home attendant, was to admit to the absence of certain abilities that were linked to their identity as members of an independent living environment.

One social worker intern astutely identified several factors aggravating the situation between the Chinese and non-Chinese population. During an interview I conducted with one of the six social worker interns who was a 30-year old immigrant from China as well, KaWing mentioned how she felt enormous empathy for the native born American elderly at the housing unit because she believed they were being neglected by the system. In her experience helping them with benefit and entitlements, they were less likely to receive social service aid in the form of home attendants. She surmised:

No, they're not getting it. Yeah, they sometimes say no because they feel they can stick to it. And then for one thing, they have their own independence and it's tied to a kind of quality of being a woman. The tenant population, mainly, are women. Being a woman is to have the ability to take care of the cooking, cleaning. It's kind of, maybe it is just something that they're proud of about being a woman and they can do this. And then right now, to have someone to do it, it's kind of an insult about them, it's a bad reputation

that they can no longer carry this kind of essential task out by herself. And then, yeah, it is it's difficult to accept someone to be in their own apartment to be help, out to share the work, take over some kind of the ownership. So it's tied to identity of being a woman because, also not only that, that is the feeling part, but the pinnacle issue is it's difficult for this population to get home attendants by Medicaid, by the insurance. Most of them do not have Medicaid. This is one thing. If you have Medicare it would pay for a home attendant, but for like short-term after you get out of the hospital, Medicare will take care of that. But for long-term, usually, I mean it's very expensive to pay for this type of care and Medicare will be their only option. It's difficult to apply and somehow, I don't know why and even if they are accepted, they get less hours compared to Chinese tenants. I don't know why, but they always get less hours. There's one senior, she's like 90 something. And then she applied. They only offered her 12 hours weekly. Only 12 hours, yeah!. And she really needs to get a home attendant, so far she still doesn't have a home attendant. So I think technically, it's very difficult. I don't know why. It's very difficult for them to get the insurance, it's very difficult for them to have hour. Most insurance don't want to pay for staff.

Citing the complicated structures of the health care insurances as culprit, based on the individual assessments made on each of the tenants showed discrepancies in the market. The socio-economic indicators used in the process of selection for eligibility took many factors into account, including the funding tenants have available to them through their retirement statements, covering items such as any pensions, commodities, or other liquid assets that could be turned in for cash. As KaWing surmised:

Yeah. But it's on an individual basis. Each person has to apply and be rated to see what they're going to need or what they need. And even though they were interested to look for someone in the building their children are not willing to pay for a helper. It's difficult for them to identify someone to trust. It's a trust issue, absolutely. It's practical I mean technically, it's difficult to find someone and then in terms of most of them, it's not that acceptable. Just creating, I mean a big challenge for the non-Chinese population really to have home care.

In her opinion, and from her experience, it was easier for some tenants to gain access to these benefits. In addition, current legislation and regulations for entitlements and benefits requires participants to spend the money they earn (Social Security Administration 2013), essentially forcing them not to save. For instance, if participants have more than \$2000 in their bank account, which is monitored by the governing social security authority, they are penalized in

their next payment, a reduction in funds to balance what is now pushes them over the minimum threshold amount. This requirement, meant to keep only those with low incomes in the system, acts to disadvantage the already marginalized and yet only partially explains the economies of poverty.

When I asked why she thought it was so much easier for the ethnic Chinese to obtain the funding for home attendant services, KaWing concluded:

It's not so difficult. No, no. I mean, it's just when someone starts doing it [taking care of them], it's beneficial. So people would go into trying to get the same kind of help. This is so common now. When I first came in to the world of aging, it's like several years ago, so I would not know what happened like 10, 15 years ago. It's just now it is available and they can benefit from it, 'cause they have Medicaid and usually, it's immigrants. The immigrants have Medicaid. It's really based on the income, and since they come later, the jobs they worked were off the book so that means they have really low income or no income. They would be eligible, so they can qualify. Since the Medicaid is really based on the income resources, and what they have when the income is really low, they have no resources. So they will be qualified. And then for the American born seniors, I mean, they grew up in America, so they have been working and then if they work on the books, from age 20, you know, that generation, they may start working at age 17, so from 17 to now they've been working for many, many years. And they have been paying taxes for many, many years. So their social security will be higher, will be like, maybe a thousand more a month compared to the immigrants. So, they're penalized because of that, and also their savings, or if they owned a home. Even if they owned their home, they would sell it to their son, their children, it gets transferred.

An immigrant herself from the most populous province in mainland China, Guǎngdōng 「廣東」 (formerly known as Canton in English) with the city of Hong Kong as its capital, KaWing was especially attuned to the issues faced by elderly migrants to New York City. As mentioned previously, KaWing speaks both Mandarin and Cantonese and can read and write in both languages as well as English, which made her especially useful to the administration and the elderly alike. This partly explained her extended stay at the facility. Unlike most interns who work from September until May along the same time frame as the fall and spring semesters at university, KaWing was invited to work for an extra 16 months after her initial internship. This

was due in part to her advanced translation skills but also partly due to her sharp comprehension of the tasks at hand and the intricacies of working at the facility. Of the six interns I worked with over two years of field research, KaWing was the only one who could blend in with most of the crowd regardless of its ethnic composition. In addition, having a mature and endearing personality made her capable of breaking down emotional barriers tenants created to protect themselves. On several occasions I was able to see her turn a complicated event into one more manageable, a skill some of the interns were still developing and thus one of the reasons for their constant reliance on the skill-set of the social work coordinator. Independent and conscientious, KaWing became the de facto second social worker at the site, commanding the respect and trust of tenants and staff alike. In this regard, she also became one of my key informants as she could easily explain issues others at the site either felt they could not discuss with me or simply did not know enough to give a detailed answer.

In terms of the ways in which the native-born Americans, regardless of their social class or ethnic background, were surveyed and assessed financially in order to verify their eligibility for government subsidies, all the social worker staff admitted faults in the system for the distribution of wealth to the most needy. This occurred in two distinct ways, the transference of funds and property to children and the reliance on untaxed income to make it appear they were had less wealth than reported. As KaWing explained in detail:

It gets transferred, it happens a lot also with the Chinese. They are transferring funds, I mean, they all do it. Yeah, for sure, regardless of ethnicity, but it's hard to really know who did it or didn't, unless they tell you, but they're not going to, yeah. That's a very common practice in terms of the safe deposit boxes, and then transferring funds. Very common! I mean, I feel sad about being a native American, [those] born in America. And then being kicked out from all these kind of social services because they've been working for so many years. They have accumulated a lot of resources, not a lot, but compared to those on Medicaid, it's a lot. Social security starts and then they have accumulated a lot of savings, so then other people think they can afford it. When we visited a nearby hospital for the poor, the patients there, they're all immigrants at that

time. It's really telling me that it's only the immigrants who could be qualified for Medicaid. I understand I mean, if someone is working 50, 60 years, working with maybe 40 or 30 years and then thinking they would deserve to have a good retirement. The tenants said they didn't know what happened, they don't have the benefits they deserve. And then some, the others knew it was because the immigrants got a kind of benefit. But that is more a reflection of New York City, if we go Upstate New York, I mean, it's very different. So the people on Medicaid would be mostly Caucasian or African-American, depending where we are. But here, I think the majority of the poor are immigrants and reflects on the population New York City. It's very diverse. And the diversity is coming from immigration. It's not coming from the natural birth[rate].

The transfer of funds, which amounted to fraud, was an issue across the board. Something difficult to know for certain, the exact number of tenants who had done this in order to make themselves eligible was unknown. However, in the personal histories given to me by my informants, it became obvious that some had indeed done this to gain a spot in the residence. Another trend KaWing elucidated is the pattern of migration affecting those eligible to begin with, which became a contentious point at Shady Grove Apartments as it diversified.

Overcoming Obstacles: Discovering the Social Impact of Benefits & Entitlements

Because culture is defined by work and play with a wide range afforded to the maintenance of control, social constructions do not always directly influence individuals who compose a cultural practice due to their unique individual sense of agency. Thus, people make choices that affect them in numerous ways to mitigate the effects of obstacles in their lives. At the geriatric residential complex, this emerged in the form of resistance by individuals to some of the caretaking practices. Although invested in their health, there were various problems between the residents and their caretakers. Through the use of narratives and participant observation, I hoped to demonstrate some of these issues experienced on multiple levels and demonstrated among the relations of multiple social actors at the housing unit. Indirectly, an underlying question of this dissertation was to ask who deserves to receive benefits (for individuals as well as the collectives they represent) and how these entitlements are funded (the very measurements

used to allocate such financial and medical resources). The later included the financial subsidies for caretaking services centered on both physical and mental health and well-being, broadly defined, to take over from the gaps in the lack of institutional- and familiar- care in the form of the independent living environment. Responsibility for one's own welfare was an important component at the independent living facility from the perspective of those enforcing governmental ordinances. This focus on the individual, one could argue, is at the forefront of any American identity marker, and it was one of the main themes that separated the older tenants from the new. Ultimately, from what I witnessed, the retraction of welfare initiatives of the state only aided to reinforce existing social inequalities that worked on the principles engrained in an uneven and unbalanced market exchange system governing the economy of the United States. Those at Shady Grove Apartments with connections to a sociocentric group, such as the ethnic Chinese, were better positioned to weather any economic storm. Those with connections to egocentric group were left on their own as the former associations to the church and the neighborhood continued to shrink.

If there exists resistance to change, then perhaps it is part of the human condition and not necessarily one necessarily conditioned to old age. In a conversation about how elders at the complex were reacting to the demographic shifts there and in the surrounding neighborhood, KaWing quickly asserted that it was biased to think of resistance to change in general being a question of age. As she phrased it, "High level and low level? [long pause] I think it's in the middle level," in answering about how she would rate the amount of resistance to change she has witnessed in tenants' reactions. In her role as social work intern, KaWing had a great deal of knowledge and first hand interactions with the tenants, other social work staff, and administration. This knowledge was not just limited to her internship but also expanded later on

when she was hired as an employee – a part-time social worker after her year internship was over – thanks to her ability to read, write, and speak both Cantonese and Mandarin as well as her ability to negotiate among various personalities and institutional barriers. KaWing reiterated and further explained that in her opinion change is about rewards. For her, it was important to know how to deliver the change and to understand how people would react to its implementation. Finally, she underscored how vital it was to realize offer a new possibility and alternative in exchange for what was lost. She insisted:

Everyone is resistant to change—it's bias to say only seniors resist change—everyone does! It really depends on the reward. If the change can give them more reward, is more rewarding, it would be good. Like if you keep them close and they have a car to pick them up and bring to another place, then they are willing to do it. I mean, it's still change, [but] they're willing to do it, yeah.

In this case, the car service KaWing alludes to is Access-A-Ride (AAR), a para-transit system providing alternative transportation for people with disabilities who are unable to use public bus or subway for some or all of their trips. Operated by the Metropolitan Transit Authority (MTA), which oversees the New York City underground and above ground network of tunnels for the trains and buses, is not only one of the oldest transportation networks but also the busiest and the only one in the world to provide service twenty-four hours a day, seven days a week. Original construction for the underground system began in the early 1900s. It was built to move people efficiently across an expanding urban landscape, connecting the city's economic and financial core to its socially diverse peripheries, the metro system has become an integral part of city life and culture. With this in mind, it is not surprising that the system itself has problems. One problem lies in the fact that it was built in a time before accessibility issues for those on the fringe of the social order were addressed.

Social actors and the assorted environments they inhabit respond differently to demands exerted on them. In regard to the MTA, in order to meet the need exerted on the transport system in line with federal regulations to increase accessibility for people who are elderly and disabled it now offers shared rides, door-to-door transit service, as well as private carriers under contract to the MTA and according to their website³³ the service is widely available. Seen as a benefit of the New York City Department of Aging (DOA) and used by many of the elderly at the complex, KaWing correctly refutes the biases she perceived in the question I asked during our interview in Prospect Park after a long day of dealing with emergencies and leading activities with the tenants. As the sun began to set, KaWing was diligently answering my questions when I noticed a man hiding behind a tree and peeking out to look at us every once in a while. She did not seem to be aware of him, yet as he was in my field of view it was impossible to ignore the very bizarre behavior. Taking this as a cue to leave the park, I asked KaWing to move indoors to a café due to nightfall and the odd character hiding behind bushes watching us. My sentimental response to stimuli was not merely a token of fear or anger at the individual for disrupting the interview but more of a concern for the safety of my informant based on the fact there had been a murder³⁴ nearby only a few weeks prior. As my informants would later discuss in full detail, and as I would experience firsthand myself on that fateful night, there were dangers outside of the safety net afforded by the housing unit. These dangers were made possible by the growing socioeconomic gap among different parts of the city based on a combination of class, ethnicity and gender that were very real and not imagined. Yet, this deeper understanding of the cause of some of the tensions was not well understood by my informants as I ascertained based on our many lively conversations. To them, there was a clear insider and outsider divide based on shared

³³ http://www.nyc.gov/html/mopd/html/resources/trans_aar.shtml

³⁴ A corpse was found near the spot where we had the interview only three weeks prior. Around the same time a stabbing happened on my street, which was a only few yards from this location.

common values and traditions that created a rift in the continuation of their way of life. This social reality made the tenants hypersensitive to their environment in a way I began to empathize with the deeper the rapport we had was built between us.

The tenants would go to the social work office for many of their needs, and finding ways to get from one place to another took a lot of their time spent preparing for the day. Very similar to the way bureaucracies can form a life of their own, independent from the original reasons for their creation, the policies created by them often follow similar outcomes. Once enacted, public policy designed to alter the challenges experienced by certain segments of the population may not always be useful over time, as one resident's story makes clear. In this case, the availability of a service is not enough to be helpful just because it looks good on paper because as change is inevitable, limiting it to places easily accessible does nothing but conform to political rhetoric. Since the train and bus stops were very close to the building, approximately one block away, Nancy, who has lived at Shady Grove Apartments for over ten years, found it frustrating to the point of not being able to use it even though she was eligible for the adaptive transportation benefit:

Access-a-Ride, I had before I had my surgery, and then after I had my surgery I used to take it all the time when I had to go into the city to the surgeon, and then there was a change in Access-a-Ride, and then I got a letter that they would only take me to the train or to the bus stop. It turns out, I don't need them to take me around the corner for the bus stop and pay a \$1.20, eh \$2 and a quarter. And then, it expired, but I've been thinking of reapplying because of my heart condition.

Asserting she would be in touch with the social workers to reapply, the limitations imposed by the policy make the service obsolete since it does little more than add annoyance and distraction. The large population density of Brooklyn offers many perks to its over 2 million residents, and the vast subway system is habitually referred by them to when discussing localities. This is of

course if you have the ability to transverse down into the abyss of an underground subterranean structure created during a time when the notion of being disabled was not even a consideration.

Social worker interns are taught early on how people with limited mobility find entering the system to be daunting. In a chance encounter with Faith, a 90-year old woman originally from Jamaica,³⁵ made a poignant plea that brought my attention to just how difficult and complicated movement could be in the city. On this particular day she had been telling me about how getting to the doctor's office was a chore, one that included transferring at a station with a very long set of stairs and no elevator on site. Reiterating that on hot days the stairs were challenging for me as well, Faith chimed in "If it's a challenge for you, then imagine what it's like for me!" emphatically rolling her eyes and waving her arms up in an astounding gesture of defeat. In all honesty, while I could empathize with my informants I found it hard to really understand their plight. It would take more experience being with them when they were facing these sorts of physical and social challenges to get a better sense of their reality, which of course was different than mine.

Chapter Summary

Of course, Park Slope has not been immune to larger socio-economic changes occurring in New York City, which included the diversification of the population over time. As seen in previous anthropological literature that has focused on the political-economy of ethnic identity formation and maintenance within transnational circuits (Georges 1990), immigration provides an apparatus for the continuation of a sorting of people along existing competitive economic boundaries. In my previous research on older adults in northern Manhattan, a strong transcultural social network existed between the Dominican Republic and that particular section of New York

³⁵ This resident was originally from Jamaica the island nation in the Caribbean and had lived in Queens before arriving to the center. Her social network remained there and this proved to be a burden on her since she would travel back and forth often.

City, and as to be expected it is not the only social network existing in the diverse urban environment encapsulated within the metropolis. Brooklyn, one of the five boroughs of the city and yet a distinct and unique part of it, has its own transcultural immigrant social networks with pockets of ethnic minorities hailing from China and Russia. Both of these populations have settled in southern sections of the borough once inhabited by descendants from Western Europe. What I witnessed in Park Slope at Shady Grove Apartments truly reflects the larger socio-economic forces bringing people, along with goods and the services they provide, to fulfill niches in the market based exchange system. As my informants correctly explained to me, their kin have slowly been replaced with others whose ethnic background reflects these new immigration patterns, a change they neither anticipated nor readily accepted. This has affected their ability to take care of themselves in the way they had anticipated earlier in life with kin. Additionally, it added extra burden to the work administrative staff at the geriatric residence were required to do to make sure the tenants' quality of life was maintained.

Understanding eligibility guidelines that subsequently allowed and denied resources to be allocated had consequences. For my informants, the immediate effect obstructed or opened access to care as well as other healthcare and social services based on these assessments. This left my informants facing an uncertain future where they were caught between benefits of development and new immigration patterns. In neither social reality did they have a sense of belonging due to distinctions based on labels concerning class and ethnicity from the larger society. They were unlike the new occupants at the apartment complex in more than simply appearance and language, and they did not sound or act like the new occupants of the surrounding neighborhood; to my informants their very way of life was being eroded, and this was a threatening and frightening prospect. Through the use of complaint discourse and the

recollection perceptions of a happier, more joyful past, these tenants attempted to re-signify the unequal relationships they were experiencing. Yet, not all forms of resistance led to positive results or social change. In the end, the slow social demise of this group, the white English-speakers, became evident to all parties involved. Interestingly enough, the impact of attachment to space could be represented both in the building and in the area adjacent to Park Slope that required the ability to reflect on the past in order to cope with the present. This was due to the importance given to acknowledgements of past relationships tied to social facts, the components of which figured somehow into the process culminating in an individual's self-identity. In due course, these pieces of the collective emotional landscape would manifested in the recollections tenants made from memories that served to build their resilience to the changes challenging their sense of self.

VI. Conflict and Opposition in the Communal Practices of an Institution

Chapter six focuses on my ability to capture the set of coping strategies as part of the practices and relations enacted in constant flux within the institution. It became clear that social actors became embroiled in several types and levels of dependence from the caretaking practices being undertaken. When viewed as a set of social relations governed by various emotive functions that coping is a part of, these relationships reveal the degree to which roles helped shape actions. The notion of independence was a fruitful point of departure since this was the hallmark eligibility criteria loosely enforced for residents to both be welcomed at the facility initially and to be able to remain there over time. Individuals' right to self-autonomy was always lingering at the core of all the interactions involved in caretaking. The tenants' upkeep, ranging from the most basic help such as cleaning their clothes and apartment to more rigorous physical demands such as bathing and dressing tenants, required a specific set of social relations and cultural practices to emerge. These social relations and practices slowly etched away at their sense of self-identity as their ability to be truly independent diminished.

Institutional Control by the Administration

As much as my informants complained about the rules and regulations set up by the administration, with complaints ranging from the many observations made on tenants by all staff to questions about how much money they had in the bank during their annual assessment, the relationship with the administration staff, including the social workers, was often uneven and always in flux. There were various opportunities to engage with people working at the facility, and tenants made choices about with whom to build a relationship. Personality traits aside, what I witnessed became more about who was willing or able to listen to them. Having certain social

skills were vital for gaining trust from tenants, and the most successful and popular staff were those who would listen and show support for general complaints or gripes from the tenants' perspectives. The ability to empathize had its limits, however, within the nature of the staff-tenant relationship, which was based on needs and desires. At the end of the day, tenants needed the support from staff they could not attain elsewhere. And in acting like a caretaker, the staff could fulfill their desire to be helpful to others.

Overall, the general hierarchy of the building was rudimentary in comparison to the intricate structure of the charity's bureaucracy. Because the staff were limited in number and had few possible workspaces, the nameless managers of other bureaucratic institutions were largely missing from geriatric residential complex. The exception to the rule were the brief and evenly dispersed visits from someone at the charity throughout the year who would show up to make their presence known to staff by overseeing the general state of affairs and physical condition of the property. Consisting of the housing director, the social work coordinator, the financial manager, the secretary, as well as the live-in superintendant and the three custodians, it was a staff of eight. In addition, rotating security guards, with three having a regular shift, helped manage the property and even got involved with the day-to-day routine by addressing concerns of tenants and checking up on them as they passed in the hallways. On site, the chain of administration command had all staff answering to the housing director. The social work coordinator, financial manager, and superintendant allowed a certain degree of autonomy with some clerical, custodial or internship staff reporting directly to them. In addition, the social work coordinator each year had two social work interns from a local university under her guidance three days a week during the fall and spring semesters, an arrangement that gave the students experience and college credit while aiding the social work coordinator with daily tasks.

When I first began volunteering at the geriatric complex the old housing director was still in charge and led the facility in a very different manner. Her early retirement and subsequent death had a lasting impact on the morale for both administrators and tenants, the effects of which were never resolved during the time I spent at Shady Grove Apartments. From the short time I had interacted with her and from the commentary made about her, the old housing director's style was much more sociable: "Friendly, yet stern" in the words of my informants who had a deep loyalty in her memory. After her sudden retirement, which came after about a six-month period where she constantly called in sick due to complications from *lupus erythematosus*, as previously noted, she then suddenly died a month later. It took another five months for the vacancy to be posted and a candidate to be hired, leaving a political and social vacuum whereby the social work coordinator, financial manager, and superintendant took the housing director's responsibilities onto their shoulders. This was done with the social work coordinator leading most of the initiatives at the facility, continuing the leadership style and template for governing from the old housing director as best she could under the duress of the situation.

With any changes in social structures of an institution, spaces open up for change to occur as shifts in membership allow previously unapproachable topics to be broached. The breakdown of political alliances in the staff is one of the most important reasons for these shifts. When the new housing director took the post, he immediately began making changes to policy that slowly eroded the power base of the three individuals who were in charge at the facility: the social work coordinator, the financial manager, and the superintendant. Inadvertently, or so I thought at first, this had a seismic effect on the relations between the administration and tenants. While interviewing tenants, they often revealed their frustration with the new housing director because of their admiration for the previous housing director. Yet, they also were mourning the

loss of an ally who they trusted and knew for a long time, and their resentment of the new housing director could have been attributed to his management style that differed remarkably. When interviewing Nancy about her thoughts on the situation with the new housing director, she first looked at the audio-recorder and laughed while asking if this was on tape, a joke delimitating the boundaries of which she felt comfortable discussing certain topics. However, in turn given our rapport, she quickly responded to me in a serious reflective stance as she pondered the new arrangement:

I'm on tape? [laughs] Well, personally, the new director doesn't get involved in anything, and everybody knows it, and they comment on it, you know. So she [the late director] used to at least walk around, she got involved in a lot of things, she cracked the whip as far as the workers, that's my personal thing, but he just doesn't make himself available, and I think maybe he should. You know without a leader, everybody runs amok.

In her observation, Nancy notes how the new housing director was not actively participating in the lives of the tenants and how they were discussing it among themselves. Being involved in their lives was more important to her and many other tenants. They were puzzled by the behaviors of the new head of staff. The previous head of staff could be trusted and had their best interests in mind – an amiable and friendly ally. But someone who they felt cut off from emotionally and whose leadership skills were questionable had replaced her. The new head of staff was invisible in the running of the building, and most importantly, in their lives. The net effect of this drastic change brought with it the feeling of neglect. Negative comments circulating in the everyday rumor and gossip began to change the way they interacted with administrators.

Again, Nancy's focus was on leadership skills of the past, those requiring a strong and visible leader who would have a bond with the tenants while being forceful with the staff on the behalf of the organizational flow of the building. The new housing director's style did not include the emotional component the tenants craved, and which they had with the old housing

director. For all her faults, many expressed the devastation they felt with her leaving and later on with her passing. For the remainder of my time at the geriatric residence, tenants and staff never got over the loss of their beloved leader, a state of grief that trickled into almost all relations my key informants would to continue to have at the facility as their numbers dwindled.

No one at the geriatric complex was more vocal about her own dislike for most of the staff than Nellie, a 69 year-old woman of unknown Hispanic origin. Teetering among the different ethnicities, Nellie had allies in all camps and was not shy about announcing it in public. Her Italian surname came from her husband, who was local to the area and had been suffering with Alzheimer's disease when we first met. Over the two years I spent with them, his cognitive functions decreased rapidly, eventually leading to death. Their children had some housing issues, and a daughter perhaps my age (30s) and her teenage son were notoriously labeled as the "illegals" occupying the space set aside for indigent elderly. Having a sick husband, as well as children in need of her financial and emotional support, bore a toll on Nellie. In part to mitigate the effects of the pressure on her domestic life, she was thoroughly engaged in communal events. She attempted to have a strong presence in all public affairs of the residence, attending any planning meetings or at the very least making her opinion known about what kind of outcomes she would like to see. Before the loss of the old housing director, Nellie had arranged, with her blessing, a private gaming night twice a week. Held after business hours, participants were required to pay a small fee to play the games, usually bingo or cards, and while winners received a small prize, the majority of the funds collected were redistributed at the end-of-year party organized by Nellie. This informal arrangement between the old housing director and Nellie was done in a way to give tenants extra things to do at the residence during hours when the administrative staff was not around. It also allowed more camaraderie to occur outside of the

purview of the administration in the hopes of creating and sustaining private social networks between tenants.

However, this arrangement was not to the liking of all, least of which included the social work staff who saw the after hour activity as regulated by finances in an institution for the poor. To make matters worse, there were also rumors that Nellie hid the true amount received each week from the old housing director, in direct contrast to their arrangement that required her to divulge the amount earned as she turned in the money weekly. After all, the end of the year party was given by the administration because the informal arrangement was always meant as a way to bridge social gaps to foster a communal sense of belonging. While I could not corroborate the extent to which the funds were either being used appropriately or not, the effects of the gossip on Nellie's standing among the administration diminished significantly in part because of what was being said behind closed doors. Gossip was an important way people carried information from one person to the next, as demonstrated in the way my situation dealing with violence on the street flowed from person to person along social networks at the facility.

With the passing of the old housing director, Nellie continued the activities in the evenings to the chagrin of the social work coordinator. Yet, once the new housing director entered the scene, her power was contested. This came as a result of his clampdown on activities where questions of access became present, and since participants had to pay to play, the new housing director wanted control over any monies collected. After a series of highly confrontational discussions, of which I was only present once in passing, I witnessed an exchange Nellie had with some of the other tenants in the lobby regarding the control of the monies. This occurred one night when I had stayed late to attend a meeting held by a local politician's committee on the distribution of funds for the neighborhood, which the social work

coordinator had organized as part of her outreach program to make the issues of the tenants relevant to neighbors. After the meeting let out, I decided to hang out in the lobby because it was an opportunity to observe aspects of life not always available to me, since I was allowed in the building during the day, yet discouraged from going too often at night. Sitting in the lobby, I did not have to see Nellie to know she was clearly upset. Her shrill voice vented the fumes of a type of rage that had become the characteristic for which I knew her best. Her presence commanded the room and most people sat still to avoid attracting her attention. I overheard Nellie complaining about the administrative staff in general and emphasizing her strained relationship with the new housing director and social work coordinator:

I can't stand that one [in reference to the new housing director], all he does is walk around with that stupid smile on his face and the witch [in reference to the social work coordinator]. You have to complain! I know how to complain! [Then stressing how she does not 'take shit' from anyone, she continued veraciously] You can't tell [the security guard] anything. Didn't I tell you not to say things in public? He has a big mouth and talks to everyone. Now they all know your business!

Reprimanding her peer at the end of the public illocutionary act stressed to listeners the importance of secrecy among the administration. From Nellie's perspective keeping one's guard up and not disclosing information to staff was a further reminder of the challenges caused by the new face of the administration. This new relationship was clearly different in many ways from the one enjoyed with the old regime. The most prominent way it differed for Nellie was in the amicable relationship fostered by the former housing director, one that was viewed as full of mutual benefits for the tenants as well as the administration. Now, it was impossible to read the feelings of the new housing director, a sentinel silently observing tenants rather than engaging in meaningful conversations with them on their terms. This worried Nellie, and many others, as it was another reminder of the changes at home.

The vantage point of the new housing director was widely divergent from that of the old housing director. This difference ranged from his personality, which was much more reserved, to his engagement, which was equally lacking as far as my informants were concerned. Most of the differences experienced had to do with policies he implemented when he became the housing director. These policies consisted of mostly organizational preferences, including hanging up signs on each floor with apartment numbers that resembled hotel floor plans, or standardizing the work hours of the staff to have consistency between the two buildings he managed. One of the key policy shifts implemented shortly after he began working at the facility focused on the use of the first floor restrooms that were adjacent to the community room, and which became a point of contention among many of the tenants, their home attendants, and family members. At first, the new housing director simply closed them all together, having keys made for staff and demanding everyone else use the restrooms in their apartments. This decision proved not only unpopular, but also untenable, as many tenants or their family members could not reach their apartments in time, or for undisclosed reasons tenants would not allow their home attendants to use the facilities in their own apartments, leading to a week-long series of crises and embarrassing accidents for the less mobile tenants in the hallways.

Before the new housing director created this initiative, the social worker staff had predicted the poor outcome based on their experiences with life in the building. They vehemently opposed any changes to the way the community room was being utilized because they understood that it was one of the main arteries for social interaction. As they correctly foresaw, any policy limiting these interactions would experience backlash from residents, and over several months the policy was altered. When demands to have the restrooms available to everyone began to escalate, the new housing director then had keys made for tenants to sign out through one of

the security guards. This phase lasted a few months, with tenants cheating the system by wedging the door ajar to avoid the inconvenience of alerting staff to bodily functions they felt were private matters. In defiance, some tenants even began to steal paper products from the bathroom, and a rumor was started placing blame on the “Chinese” population. Regardless, after months of fighting against the social regulation system in place, the new housing director rescinded the policy, and things went back to having the restrooms available whenever needed.

The commotion generated over such a basic physical bodily function may not at first glance be seen as worthy of discussion, yet in retrospect the policy enacted around its regulation informed quite a lot about how different this new housing director’s management style was turning out to be. Classic anthropological literature has often discussed what at first appears to be a mundane orientation affecting the body to highlight the socially constructed world regulating behavior. This has been demonstrated on several topics, ranging from everyday hygiene rituals (Miner 1956), to the physical fitness regimes shaping ideals of the body (Mauss 1934), and even discussion on symbolic gestures of minor bodily functions, such as a wink (Geertz 1973). In light of these texts, the rejection by the body politic composed of the tenant population and their caregivers was the first of many conflicts that arose in opposition to the goals of the new housing director. Overall, it was unclear whether or not the new rules were being ordered by the bureaucracy at the downtown central office of the charity. Yet it was clear that the tenant and most of the administration’s reaction at the geriatric complex was defensive against the inclusion of these business model practices. The more the new housing director attempted to limit access or regulate other behaviors, to change the norms of the establishment in line with his previous career, the more resistance was encountered. To understand his positioning, it is perhaps best to look at his immediate past employment. The new housing

director had been working at a private cooperative in Manhattan's Upper West Side, and his experience with the local and migrant population of Brooklyn was extremely limited. To add to their distrust of him, staff often reminded each other that he did not live in Brooklyn and had to travel over two bridges by car from New Jersey every day. This commute contrasted remarkably to the rest of the staff who either lived in the neighborhood or a few miles away in another part of Brooklyn. In terms of identity markers, proximity to the physical location of the residence gave clout to their knowledge of the people, place, and culture. Out of their shared way of perceiving social space, one of their constant concerns centered on a similar question: how could someone so far removed from their interconnected working lives understand the way they interacted with tenants? From this perspective, which cut across all levels of the staffing hierarchy, from the social workers to the custodians, the new housing director's policy model lacked an understanding of local culture. In their eyes, this meant he overlooked the best practices and interests at stake in the everyday functioning of the residence. Because of this distance – both in terms of the physical proximity of his home and the psychological proximity of his understanding local concerns – the staff often griped about the way they felt insulted by his top-down approach. He did not incorporate their expert knowledge into the decision-making process, and was therefore seen as an outsider by both the tenants he served as well as the staff who worked under his direction.

However desirable past experiences had been with the old housing director or the hopes of which may have become with the new director, change is always inevitable. As I quickly discovered, alterations in policy with a top-down approach were neither new nor a recent innovation at the geriatric residential complex. All in all, on the topic of the elderly and disabled residents, the staff expressed their deep and intricate understanding of how to manage them, and

after many years of service they did not feel they had to justify their best practices on paper, especially when it was not called for by the central administration. This was their collective knowledge base, and a part of their own identity as professionals. They did not take kindly to outside interference on matters where they considered themselves to be experts. From data in my fieldnotes on personal recollections by staff and tenants about the way things used to be, I finally put the pieces together and found it was not always as rosy as it first appeared in their complaints. Looking beyond their grievances on an individual level, the culture of complaint enveloping narrated memories was link to my informants' access to power. In this small way, decisions made without their input could be resisted, and the changes coming from of a single-handed approach could be altered to some degree to align more in favor with the person making the complaint. This power play via complaining was true for the administration staff as much as it was a part of how tenants reacted to losing power and autonomy.

In any institution, control is essential for its function. The way power is distributed will differ according to the social structure at hand, as was the case at the geriatric center. At the last holiday party for staff that I was invited to attend in December 2013, reflections of how the building was managed in the past under different leaders were discussed around the table during our lunch provided for by the charity. Held down in the multi-purpose conference room in the basement, a space severely under-utilized by the residents even though they have full access to it, the live-in building superintendant, a Russian-speaker whose family occupied an apartment designed for such a role, struck up a conversation with the other workmen about several of the old ways of being and knowing. Laughing over what they deemed the irrational attitude many of the tenants had towards the basement, the custodial staff reminisced on how the room used to be a focal point for activities. When I first arrived, the social workers described a fear of being

trapped down there alone should the elevator not function and the only alternative for tenants would be climbing the stairs for tenants, which was their explanation of why the space was not being used by them. As I discovered, this was one perspective of the events leading to its disuse. At the holiday party, one of the workmen, Joe, discussed how the majority of tenants consisted of what he deemed the “old timers,” referring to those of Irish or German ethnic heritage, and how they used to sit down in the what was then the major recreation room in the building. According to his testimony, in the past, tenants would play billiards and gamble with alcohol, usually consuming beers covered with brown bags in keeping with the New York State’s open container and consumption statutes. At the time, a nun had the role of social work coordinator, and she prohibited any activities involving practices not aligned with church doctrine. Yet, for unknown reasons, she ignored the underground socializing in the basement recreation room for some time, in which even the workmen partook from time to time. Joe even mentioned how it was common to see dollar bills piled on the side of the billiards table as tenants and staff gambled and drank together.

Through experiences like these recalled gambling sessions, individuals are enabled to consciously bring to unity the integration of various aspects of the self, in addition to adding to communal and cohort cohesiveness. This allows people to form a consistent and organized personality. Myerhoff pointed to rituals³⁶ as a crucial aspect of this continuity since they combine “the individual’s sense of unity as a single person (individual/biological continuity) with the sense of belonging (collective/historical continuity)” (1980:108). In spite of losing control in other aspects of everyday routines, gambling aided in organizing features of some tenants’ and administrators’ identities. These everyday occurrences were surrounded by the

³⁶ Rituals come in many forms, and the most prominent that I participated in on a regular basis were the weekly exercise / games led by the social work interns, as well as the weekly mass performed by one of the priests at the church tied to the charity.

notion of luck. And notion of luck has inherent to it a means to control the uncontrollable, in this case a realm that not even the director could regulate.

As it turned out in regards to the undercover activities of the basement, out of reach from the administration's control, the tenants were using space in terms seemingly against the values imposed by the charity. Therefore, near the end of the old social work coordinator's tenure, the nun disposed of the billiards table and forbade gambling of any kind to take place at the facility. It was after this "fit," as Joe recalled, that the sister had the practice stopped by not allowing them to gather in the basement any longer. Today, no one goes down there except the staff and volunteers, while the conference room with its kitchenette, television, videos, and games continues to collect dust.

Two issues arise while reviewing these narratives that can elucidate some of the anxiety people felt about the new housing director's plans. Firstly, it is evident that change has occurred before and in a much harsher tone, being driven by a moral code defined by the teachings of the church that continues at the site. Secondly, the function of social memory is to control the production of social knowledge that is used by actors to distinguish roles and responsibilities. Therefore, some people's recollections of the way things used to be are not necessarily focused on the accuracy of these past events. This is because people whose roles have been assumed by others and replaced have not altered the underlying authority of the charity as an institution. The population may have been different, with different values and norms for daily interactions. Specific activities were indeed severely limited today, such as the past focus on alcohol and gambling, but in reality they have only been moved inside closed doors or have taken on new forms in the public realm as controlled by the social work staff. The mystery of the basement space, then, is solved in part by all staff (administrators, social workers, and custodial staff)

were permitted the privilege of coming and going in the shadows of the basement, the tenants were limited to what they could or could not accomplish there by themselves. Whether or not they really felt as if the basement was actually a dangerous place was less important than the death of the social sphere that had occupied the basement. For an area without the company of others has a greater potential for something negative to happen, and the longer the space stood vacated the more the tenants' fear increased about it.

The struggles over space were significant, both to the tenants and the administration. But I found the administration even more preoccupied with changing the culture of the institution to fit the needs of the new demographics. The most overt sign of change was the increase in the once minority populations. To sway tenants from complaining about unfair treatment, the new housing director attempted to standardize several long-standing features of life at the residence. This included the making of signs with apartment numbers for each floor, or hazard signs for the stairwells. Enforcement of rules about the communal spaces was always a contentious issue, such as with the hallways, where tenants were asked not to leave their doors open or told not to keep hallway doors open in case of fire. These safety measures may very well have been legitimate concerns, yet from the tenant perspective they were just one more of the top-down techniques used by the administration to further control their movement.

Additionally, there was a constant uphill battle for a sense of appreciation from the administration due to the low wages earned for the caretakers of such work as well as the limited resources at their disposal for upkeep of the facilities. At the end of the day, there was very little extra money to spend on building communal relations. The fundraising activities of the past fostered by the now defunct tenant association were few and far between as a result of the low priority given to those older practices. This was mainly because the daily rituals that became

irrelevant to the majority of tenants and were not enough to produce the turnout required to generate income in the same way as these activities had accomplished in the past.

To my best knowledge, the majority white English-speaking population was religious to a larger degree than their successors, who were atheistic or had no official religious affiliation. While the church was not involved in the daily activities of the center, its presence was important as an extension of the charity, affecting the administration in both direct and indirect ways. At the very least, the English-speaking, white population viewed the church as sufficiently culturally relevant to their notion of self-identity to participate in the Catholic traditions. The traditions allowed them to mark their identity and differentiate themselves from the newcomers. The standing of the weekly mass had a very different reality after the influx of Chinese and Russian populations because very few of them attended. On average, I only observed two or three ethnic Chinese in attendance at the weekly mass, and I never observed any of the Russian speakers there. It is important to note that both segments of the population moved to New York City to escape harsh conditions in their country of origin, and in both cases each group survived during communist regimes where religion was forbidden or downplayed and restricted. The communist regimes of their past lives had a lasting impact on their habits and customs today even after having made a new life in the United States. As I was informed by the social worker staff, many of the Chinese-speaking and Russian-speaking elderly stated they were atheists and did not participate in the weekly mass or other offerings from any known church.

The one universal exception was food, which was always taken at any opportunity regardless of creed, and any event that wanted a substantial turnout was forced to include something to eat. The costs of this essential feature came at the expense of the events' coordinators, if they wanted to live up to their part of the social bargain to entice participation. In

fact, the first time I had volunteered at Shady Grove Apartments I was stationed in the basement kitchenette. Having been invited to participate in a volunteer event for a Thanksgiving, where members of a local church unaffiliated with the charity brought and served meals to the tenants, I found myself dishing out food and delivering it to tenants' apartment doors. The function of the basement was apparent at the time, yet the history of how this came to be was missing as I did not have the constructed narrative to alter any of my perceptions of it, and my attention was really on gaining an overview of the building itself to see if it might be a suitable location to conduct fieldwork. Volunteering was extremely useful to my research endeavor for gaining entrée into appropriate settings, and the importance of volunteers to the establishment quickly became obvious. Volunteers filled in gaps left by the administration and other support staff, the caregivers who had a limited amount of time to support the aging population of the building. However, in the past, it was not only outsiders who volunteered. Tenants had a more important role among the administrators, as the tenants would teach me during my interviews with them.

In attempts to make up for the tenants' lack of volunteerism, external relations were given a steady stream of support by administration. Led in part by the vacuum created with the passing of the old housing director, the social work coordinator became the default leader in this arena. The social work coordinator made an important ally with a local politician representing the district ward. Arranging an event at the residence³⁷, the local politician sent volunteers from his office to the geriatric center one afternoon to give a presentation of some of the funding and grant opportunities being done in Park Slope and the surrounding area to show off their hard work. Known as the Participatory Budget meetings, it was done to call attention to the funded projects voted by those residing in the ward and designed to enhance the neighborhood. By

³⁷ Accomplished by tapping into the call for civic duty of a local community board, one that rented out the community center hall for its annual meeting.

participating in the process of resource allocation by the borough government, residents were able to review plans and calls-to-action readied by the politician's office. At this particular meeting, the task at hand was to ask the tenants of the geriatric residence their opinion to make the event more participatory and accommodating to their limited mobility. What they had not anticipated was the notion of neighborhood and belonging tenants attached to Brooklyn being so very different from their own vision. Specifically, the tenants did not see all of the changes being made as positive. The increasing number of cyclists on the roads was a source of conflict for the tenants as they found cyclists did not follow basic rules of the road. Indeed, in recent months there had been a few accidents with elderly neighbors dying due to falls inside Prospect Park, including head-on collisions with speeding cyclists. When Geppetto made a comment alluding to his unease with the increasing number of bicycles on the road and the expansion of bike lanes over car lanes and parking spaces, he was met with opposition from several of the volunteers. One commented under her breath, but loud enough for me to hear "Obviously, we have different values" regarding how to use the money for the ward and its community board.

As a result of the supposed success of this meeting, or at least of the fact that the local representative's volunteers had few major concerns, the social work coordinator continued to foster a working relationship with him and his office staff. Shortly thereafter, the semi-annual participatory budget meetings began to occur at the residence in addition to the other meetings scheduled by civic duty groups. This brought added revenue that the administration could use as they believed best for the building. It also gave the social work coordinator political clout. Her ability to make things happen had rewards, and because of this unique relationship she even persuaded the local representative to write her a letter of praise. In the letter, he named her as his first hand source for elderly in the area – a civic leader with expert knowledge about the plight of

the elderly poor – a title with prestige that she used as leverage against the new housing director. As a direct result, the participatory budget meetings began to take place at the center at night with the intention of attracting elderly participants. However, when I went on two occasions, none of the tenants were present, except the social work coordinator who came as a representative for the residence.

Having volunteered with the former tenants' association for years before it became obsolete and later dissolved by the now deceased housing director, the discussion I had with Nancy, which was initiated about volunteering, quickly turned into one about the present leadership. When I entered the social space of Shady Grove Apartments, tenant-initiated volunteerism was severely limited to serving food at social events. But as Nancy emphasized “we don't have as much as we used to. We had so many committees. We had so many fundraising things that we used to do. And then when the tenant council absolved [sic] then...nothing.” The council she referenced was one that worked with the administration for many years on various activities. When the demographics of the building changed, so did membership as the ability for this loosely knit volunteer organization to maintain itself eroded. Eventually, the organization was replaced by an association of ethnic Chinese that focused on cultural activities important to that specific population, such as Chinese New Year celebration in the winter, or the Mid-Autumn Festival with its typical sweets and moon cakes³⁸. When I asked Nancy why she thought the original council had disappeared, she continued:

Well, the former director used to have a regular election. You had to write the names of 20 people on a piece of paper, and then whoever of those 20 names got the most votes she would call them and ask them did they want to be on the committee. And she said a lot of people said no, and so, but, she was very sick at that time, how much effort she put into it, we don't know. But I was in the hospital at the time, and with my knees and I remember she called me one day, and I asked her how the election was going, and she

³⁸ Moon Cakes: 月餅 [yuè bǐng] are traditional Chinese bakery products imprinted with a stylized decoration of the Chinese character for longevity or harmony, and given out as gifts.

said it's not, nobody wanted to be on it. It takes a lot, as you know, you have to go shopping for this and that, and we used to have a lady here that she used to volunteer here, she used to take me everywhere. I used to do what you're doing now, so she would drive us everywhere, and then she got sick herself and died, and so, you know that... I used to show movies. They had bingo, which they still have bingo. But we used to have, every Thursday at the end of the month, we had hot dog day. Every month. And we'd have cake sales and flea markets. Well, the flea markets, they had to stop because of the bed bug situation, taking them from one apartment and bringing them to the other [laughs]. But, so, and then it just, we had a bank account. A regular committee where we used to take minutes, and a President, a Vice-President, a Treasurer, and a Secretary.

Clearly, there were some unfortunate and uncontrollable events, such as death and hospitalization, involved in the dissolution of the former tenant association. Highly formal in its organization according to the roles and responsibilities described by Nancy, the lack of tenant participation was the most important reason as to why the association became irrelevant. She mentions this only in passing. This lack of tenant participation is especially important given the white, English-speakers had been the majority population representing the association. With their decline, it became inevitable that the organization would collapse. What was not anticipated, however, was that the “Chinese” population would subtly take over the reins of tenant participation by forming their own organization, with its own hierarchy and structure. It differed significantly from the previous council because it was not involved in the day-to-day management of the building. Instead, they met in private locations inside tenant apartments or at outside locations where the Chinese population tended to congregate, such as near establishments in Sunset Park or Borough Park, the former neighborhoods for many of the ethnic Chinese moving into the facility. Not being encumbered by the dictates of the administration, the Chinese social club only asked for space to celebrate communally twice a year and stayed to themselves for the remainder. In effect, they were not controlled by the administration, yet were able to maintain their integrity as a group because of external ties and social responsibilities outside the facilities.

Control from an institutional perspective can be achieved in a few ways, and a top-down approach is but one of these. Self-regulation is another approach more in line with the social worker perspective, as well as the understanding of modernity's investment on the individual vis-à-vis the production of self-identity as professed by Giddens (1991). Here, control is created by the formation of groups, and once members are successfully integrated, self-regulation of its members is made part and parcel by the social responsibility bestowed on the individual. When becoming a member of a group, one loses to some degree autonomy as emotions function to limit certain behaviors and actively broaden others. However, as their numbers went down due to frailty and the demographic shift, they were less likely to take over any leadership roles. The lack of able-bodied leaders among the tenant population created frustration for all of the administration, and one social worker lost her normal self-control by commenting to me that while she hoped the best for the aging tenants, eventually they would die out and be replaced by others whose self-identity was very different. Thus, the future of responsibilities at the geriatric center needed to be concentrated on the new reality of the center. It needed to meet the needs of the largely non-English-speaking populations.

As much as I did not want to be seen as a part of the administration, it was often advantageous to be allowed access to their world. But my unique role also allowed me to observe how the tenants viewed the administration. The tenants, for the most part, enjoyed the activities organized by social workers, yet there were always complaints. These criticisms ranged in tone from simple comments about form and function, to more gratuitous complaints attacking personalities of the staff, and perhaps even other residents. On one occasion, Nancy made a comment as she chimed in "once an adult, twice a child" that stuck in my mind when referencing the card-making activity the social workers had planned. She said her mother used to tell her

that, and now after finally becoming older herself, she felt a deeper experiential understanding of the idiom that escaped her in the past. Her mother's words took on new form as she pasted pictures onto folded construction paper. Adding to the conversation, and commenting on how she felt like a child doing some of the activities the social workers created for them, Camille, regardless of her minor complaints, continued to attend the activities as well. They did so because they told me it felt better to be a part of something, even if it was a bit silly, and it was a better alternative to doing nothing at all. The very human quality of requiring contact with others trumped all other concerns and was another motivating factor for tenants in spite of their vocal objections to the control slowly being given over to the administration.

The tenants admonished and yet yearned for the watchful eye of the administration according to their level of need and personal tolerance toward allowing others to do things for them. Help was never without strings attached, it was given neither freely or without a link to the broader goals of the charity, and on some level, perhaps even if not cognizant, the tenants were aware that the aid being given to them at the expense of their autonomy. This is best illustrated by a series of events involving Faith, a 92 year-old woman originally from Jamaica who had only recently moved into the geriatric residence when I first began my fieldwork. Faith was gregarious and friendly, quickly becoming an important voice at all social gatherings. One afternoon on the bench out front, I met up with her and a few other tenants. Carlos greeted me: "Welcome back!" and Faith exclaimed, "I missed you, Brian!" Of course, after these simple salutations, they started complaining how there was nothing to do, and while Faith had a crossword puzzle in her hands, she was complaining nonetheless. Adding how the administration should leave activities out for tenants when the social workers were not around, Faith thought at least they could entertain themselves without direct supervision. However, Ellen chimed in how

the administration had tried this in the past to no avail due to “things going missing,” For a system of unsupervised activities to be set in place, some policing of items was necessary to oversee the signing out of whatever game or activity and ensure it was returned. In essence, my informants were discussing the rules required for cohesion of any organization. They sensed these rules were missing or were not helping them directly, something that agitated them. Whether they were aware or not, there was already present a strong sense of social structure allowing the administration to aid them, one that regulated everything from before they entered the building (i.e., the eligibility criteria for becoming a resident) to after they left (i.e., in whatever form that took, including death).

Those well-connected to the administration, in spite of their constant complaints, received added protection by keeping themselves in the spotlight. The old adage “the squeaky wheel gets the oil” certainly held true in this regard. Care was given beyond what was expected, as the complex nature of the interpersonal relations maintained by tenants and staff illustrate. During a holiday party for Thanksgiving, I began to see how complex these relations could be. As usual, I was volunteering to pass out the food at the event, the donated coffee coming from the owner of the bagel store around the corner. This arrangement had been made many years before by the old housing director since the mother of the store owner was a resident. In exchange for a dedicated parking space, all of the parties were catered by them. Considering the price of a parking space per month in Brooklyn can range from \$200 to \$400 dollars, depending on the location and spot, the coffee and treats were a small price to pay for the high-end commodity in a crowded city.

In the middle of the party, one of the predominately African-American security guards approached me distressed. He had not seen Faith all day and was concerned for her well-being.

Admittedly, her presence had been sorely missed, yet in the commotion and frenzy of the event, I was unable to follow up on the whereabouts of all the residents. Urgently requesting that I attempt to find her, the security guard confirmed she was not present that morning for her normal meet and greet with the neighbors nor was she answering her phone. Given his concern, and since he could not abandon his post, I agreed to go up to her apartment. Once there I had no response to my heavy knocking. Asking the superintendant and the social work coordinator for advice, they agreed to open the door to check if Faith was safe. Once we got to door the superintendant opened it, yet refused to enter, commenting that he “didn’t want to see any stiff,” which made me a bit more nervous. I found myself thinking “What if Faith had died and her corpse was inside the apartment?” Unsure what to do in the moment I simply decided to shadow the person with the most experience in dealing with death, namely the social worker. With the door open, the social work coordinator and I entered. As we searched the premises, we found only a coat laid out on the neatly made bed: Faith was not only out, but she had made sure the apartment was clean for her return.

While a false alarm, this type of heightened sense of alertness was not completely unfounded. In fact, there were several times on my watch when the administration had to enter the apartments of the recently deceased, or in some cases enter in times of crisis leading to the hospitalization or deaths of tenants. However much the tenants complained about the administration, they were in a codependent relationship that gave them security while supporting them with structures. Whether or not they enjoyed the experience was up to individual tastes, but the overarching social structure gave them a role allowing them to live within the limited boundaries of the establishment.

What at first appeared to be a vertical relationship between tenants and staff was in reality tenuous, full of historical precedents and struggles for control over the way people could experience the social space of the residence. Driven by mostly top-down approaches with some leeway for residents to give feedback on occasion, the hierarchy demanded compliance with social norms established for the convenience of the staff. The staff at times had conflicted thoughts about the tenant population. This was exemplified by the comment made to me in the social worker office one afternoon. In this particular incident, the administrative staff was not someone regular to the building, but one who usually worked as one of the residential coordinators at another of the charity's housing buildings. During the summer she was temporarily helping out at Shady Grove Apartments in an attempt to engage the Russian-speaking tenants. My surprise came when she candidly admitted some vitriol towards the elderly. On the topic of aging and access to resources, such as healthcare and financial support the social worker staff helped to procure for tenants, in her experience, the tenants would generally become demanding about what they wanted and who should give it to them. As she surmised:

After a certain age you don't have to filter what you say, but for others they feel privileged because they are old. People say that old people are wiser because they've lived a long time, but stupid people live longer, too. Older people feel entitled in general. Why do they have to be nasty and demanding?

Taken out of context these words could be construed to be a reaction to being overworked, burned out, or judgmental – a negative picture of a complex population. In spite of this, the residential coordinator was describing a vital distinction about stereotypes of the aged, as well as a personal emotional boundary about her position with the tenants. Even if she was taking on the role of caretaker, it did not mean that she was willing to respond to all of their demands. In fact, her words describe the very disengagement of social role obligations required of the staff, who would be required to create social barriers in order to process work. In frustration, the social

worker staff described their resentment to what at times was perceived as a missing behavior element of elderly tenants. Within the social role obligations to display certain emotive functions, disengaged tenants could be perceived in a negative light by those working within the societal requirements for engagement with others.

As I would soon discover, other members of the administration had similar sentiments about the tenants from time to time. After a particularly busy day, full of multiple calls to healthcare providers to help sort out the dysfunctions inherent in the insurance bureaucracies, the social work coordinator griped about “the ingrates, as I call them” when referring to those tenants not thankful and always demanding of her time and expertise. One of the chief complaints from the administration was that they did not feel appreciated by the tenants, a feeling that generated resentment within the staff. In their view, they were being paid a very low salary, putting in a lot of effort, and doing thankless work on top of it. This feeling appeared to resurface whenever there was a heavy volume of issues the tenants were not equipped to deal with, mostly regarding the financial effects of the healthcare system. However, these same emotive functions that served to pit the staff against what they felt were the abuses of tenants also put them in a compromised position. These same bonds between the administration and the tenants caused the staff to feel bad for those in need. On more than one occasion I heard about and saw administrative staff agreeing to off-the-book arrangements to aid tenants for tasks that went beyond their job duties. These came in two forms, paid and unpaid, and were negotiated on a personal level between the two parties. Unscripted by the administration, these informal arrangements were definitely not made known to the larger charity organization, even when these were common knowledge at the facility. For example, one of the social work interns regularly took tenants to the Medicaid and Medicare insurance offices in downtown Brooklyn on

her off hours from the center, helping them to navigate and circumvent the burdensome and dysfunctional bureaucratic structures to receive money owed to tenants by law. She did this unpaid, and when I asked her why, she responded it had to do with her spiritual practice of removing suffering from others. Paid arrangements were also made. A good example can be seen in the many hours that Angel, one of the custodial staff, put into helping tenants with maintenance in their apartments. He often stayed after hours to help tenants, and they paid him a small fee for this work. He often helped them with the windows or the lights, small handyman projects that would be too costly for them to pay someone else to do and which he could do quite easily since he was very familiar with the building. One day on the street I bumped into Angel, who happened to live a few blocks from the residential complex. When I asked him why he worked extra hours for such little pay by the standards of the trade, he responded “Because they need my help. They can’t pay for it, and it’s not a big deal.”

The ability to use expert knowledge in various settings by administrative staff had many positive benefits, from assessing the tenants’ physical and mental health to helping them gain access to limited resources that they many found difficult to accumulate on their own. To proliferate these services, the professional gaze was an important tool used to distinguish and discredit the powered authority of the administration. It gave them the space to be able to step back from their clients and able to see larger social structures as well as any collective benefits that could aid the entire building – not just the ailments of certain individuals. But, it came at a price, which was the loss of some emotional attachments needed to maintain tenants’ trust. This trust forged between tenant and administration varied from staff member to staff member, yet all of them were able to make use of the vertical relationship they acquired as a professional, regardless of the social location within the hierarchal structure of the geriatric residence. After

all, this same type of trusting sentiment was the basis for the rapport that I, as anthropologist, could muster at any given moment, and which allowed me to conduct fieldwork in the first place at this site. Yet, because I had less to lose in terms of power and authority within this specific social circle – since I wore many hats and my role was loosely defined to informants – I was able to remove myself from the administration to view the broader limits of their engagements with the people they were hired to serve.

Peers and the Alienation of the Other

At the geriatric residential complex, which was neither a hospital nor a clinical setting, the structure nonetheless followed the standards imposed by the medical establishment because of the sensitive nature of the relationship between the institution and its tenants. Even though the residence was designed with independence in mind, many of the tenants were physically unable to live independently all of the time. This was well-illustrated by a few of the conversations I had with Geppetto and Esther, an older couple whose relationship was formed after the death of their respective spouses. Meeting later in life by a chance encounter on their floor, their companionship rested on the fact that they were friends and neighbors first at the residence. And they made it a point to always remind me that while they shared many activities together, they still maintained separate apartments and families. On the subject of eligibility for the independent living facility, they also had the most to say regarding what exactly constituted independence. In particular, Geppetto, who was always one to carry a conversation in a jocular fashion, would constantly talk about how the idea of independent living here was a farce. As he confided in me, his ideal of independent living differed. As he loosely put it:

They told me it was independent living and asked me if I could do everything by myself, and then when I got here I saw them wheeling this one or that one in [pointing to the front doors]. They told me I had to be able to walk in, but some of them are being pushed

in on wheels - we were supposed to walk in, not wheel in! [laughs] Tell me, how is that fair? How is that independent? (September 21, 2013)

Jokes are never just ways of making us laugh, but rather contain useful insight into the social realms inhabited by individuals as they experience them. In hindsight it is easy for me, on one hand, to see Geppetto's response as a practical commentary on the way elderly were aging in place. On the other, it becomes a way in which to collect data about what is not known by engaging in simple conversation among those with more authoritative knowledge. In some limited way as an unofficial member of the social work staff I had access to the demographic or medical information possessed by the administration. By conversing with me in this jocular fashion, Geppetto was attempting to elicit information he was not privy to as a tenant via gossip.

As I would find out later on, the rumor mill was one way of obtaining missing information. But it was also a way to reprimand others, a technique that could foster cohesion or antagonism with just a few statements spoken aloud. Both a donor and a receiver of the effects of these speech acts, Geppetto in one instance could be laughing at someone or something, and others might do the same to him. This occurred one time while I was outside on the bench, when Geppetto came outside and accused one of the older ladies of laughing at him about his weight and large protruding abdomen. At that very moment I had been engrossed in conversation with his companion, Esther, a 76 year-old woman of Portuguese and Italian descent. She became physically agitated while remarking "we all have something wrong with us, some of us can't see, walk, whatever!" in response to the slander. Whether or not it actually happened added fuel to the fire so to speak. It was yet another issue that added to the complexity of the interpersonal relations in the building and showing cracks in the foundation of the integrity of the tenants' collective sense of self and other. Diversity in all its forms was critiqued in sometimes overt and other times subtle ways. Types of attribute, whether physical (as in the case of Geppetto's health

in terms of weight gain), linguistic (regarding the shrinking base of the native English-speakers), or social (owing to the influx of outsiders into the residence and neighborhood at large) were not important to tenants as long as the attribute was not out of the norm. When confronted with difference, reactions could always be counted on to stir passions enough for tenants to comment about, both publicly and privately.

One of my earliest encounters with the vitriol against immigrants from non-European countries happened while waiting in the social worker office at the geriatric residence. In what would be the first of many similar conversations, I sat with Patricia as she vented. Over a brief period of time, she became physically enraged. Shaking and trembling as she abruptly raised her voice, she discussed how she was in the process of moving to another facility because she was so unhappy due to the influx of the “Chinese” population. Eventually, she did leave, which was not an easy task given the restrictions because of the lottery and the long wait for these coveted subsidized apartments. Her story demonstrates how emotionally destabilizing the demographic shift could be for those unwilling or unable to adapt to change. Patricia’s response to being a minority in her own backyard was an extreme reaction, and the rest of the tenants were either unwilling or unable to leave their homes given their fragile states of physical and mental health. However, her motives for leaving resonated with many of my key informants, who made similar comments to me in private, away from the watchful eye of the administration, home attendants, or other tenants with closer bonds to either group. This raises an important anthropological question – what happens when your home does not fit you anymore? Resiliency plays a key part in this dynamic, as do the cultural practices enacted to harmonize the social order.

Composed of individuals with sometimes very little in common beyond their physical environment, the collective body comprising the ‘tenants’ or ‘residents’ or ‘elderly,’ as I have

referred to them, was never a homogenous group. These of course are the labels used to address them from the outside, names that they took as part of their identity when it suited them. Of the three staples of a peer group, being of a similar age was one of the defining features of the elderly tenant population, but it also posed a problem since the age range at the residence was substantial. With the youngest eligible elderly tenant being 60 years old, there was no upper limit, and two of my informants lived over 100 years. Besides the potential for over a forty-year age difference of the elderly population in this setting, it was also a residence for the disabled. There was an even smaller minority of tenants with ages ranging from their early 30s to mid-50s who were able to live there because of their disability status. For purposes of this research endeavor they are excluded from this analysis because they played a minor role in my interactions with the elderly tenants, distancing themselves from the major activities and simply making salutation rounds on their way in and out of the building. And yet, they were a part of the overall structure of the facility, even if they kept interactions to a minimum during the hours I was present. All things considered, it is a powerful reminder of how the analysis of peers is but a fraction, truly a small piece of the truth of these intricate exchanges.

Relations between tenants were just as dynamic as those between the staff, and tenants formed alliances through a range of associations, some closer than others. Loosely formed friendships tended to form through public events bringing everyone together in the limited communal areas. Closer-knit bonds kindled when common interests were made apparent behind closed doors³⁹.

Amicable interactions based on a shared sense of communal interest were an important aspect of the public celebrations the administration sponsored. These social gatherings aimed to

³⁹ As noted earlier, the architectural design of the geriatric residential complex, a simple u-shape with a small open-air court that allowed light into every apartment contributed to allowing everyone a fair share of the space, a high commodity in a crowded urban landscape. Yet, what the design did not account for was how social relations between the individual apartments would arise and take shape, which is bound by and entrenched in the cultural practices of any given population.

celebrate various traditional American holidays or certain ethnic identities reflective of larger populations in the New York City metro area. For the most part, festivities celebrated publically coincided with Catholic traditions, which were tied to the charity that subsidized the facility, such as Christmas or Easter. Or, conversely, the administration gave special attention to holidays in honor of the nation-state, such as the Fourth of July, Flag Day or Memorial Day, reflecting allegiance and support for an American identity pattern. Only two nationally celebrated, yet not federally supported, festivals were tied to uniquely American ideals and historical situations, namely, Halloween and St. Patrick's Day.

Particularly relevant to the discussion of self-identity and sentiment, these two holidays marked symbolic shifts in the attitudes of the tenants. Turner (1974) denotes symbolic shifts as the presentation of morals and structural inferiority deployed by liminal personae; Myerhoff (1986) exemplifies one with her description of parade in protest of an elder's accidental death. This is because during the celebrations of these holidays, differences between the participants that are normally accepted become less important or irrelevant to the narrative of self-identity. The reality of the hierarchy is displaced temporarily as the focus moves to a shared sense of camaraderie – everyone is human and equal in the moment and the day-to-day hierarchy is forgotten. Regarding the former holiday, the activities marking Halloween, with its colorful and public displays of masking the self, give credence to “the power of humor and ridicule to confront the power of death” (Portaro 1998).

Regarding St. Patrick's Day, which centers on an ethnic identity linked to larger migration patterns in the United States from the 19th Century, it offered a different sort of bonding pattern to emerge. On this day it is reputed that ‘everyone is a little Irish’ and as an international phenomenon, the holiday has commoditized Irishness so that even people without

any connection to the European island nation celebrate it as a day to eat, drink, and be merry. Probably due to my own ethnic background and familial ties to Ireland, I was asked to be part of the planning committee, which consisted of a group of tenants and the social work coordinator. Celebrated nationally on the 17th of March, the party was held on Friday, the 14th of March since it was convenient for the administrative and social worker staff. Typically, Fridays tended to be days when the social work interns were both present, and it was usually a slower day for requests from tenants. This holiday, however, showed the limited number of Irish living in the building that could or wanted to be part of the organization, and even the party was dominated by ethnic Chinese tenants. The bond formed from the event, at least from the perspective of the white English-speaking tenants, was one of solidarity based on phenotypic biological markers, such as skin or eye color. Exemplified in Esther's comment during the party, near the very end she commented how "Louie looks Irish, doesn't he? A lot of people look Irish as they get older." No one responded to her comments, yet at the time I was completely amazed and shocked by them because it seemed very bizarre in my opinion how a man of clearly Italian descent could be mistaken for Irish. However, even though no one responded directly to the comment, there was a broad range of opinions made in other contexts about the differences of the now majority ethnic population, and the overwhelming presence of the ethnic Chinese at the party made the celebration of Irishness even more important. While many of the tenants could not directly link their own heritage to Ireland in the imagined community surrounding the label of whiteness, their shared and common European ancestry was a defining feature merging them into a group by the administration of the institution inside and outside of Shady Grove Apartments.

Celebrations for holidays only happened on occasion, but the social work staff tried to create the festive attitude and sentiment around these events in everyday activities. The exercise

and game period each afternoon was one of the ways the social work staff attempted to get the tenants to engage with each other – hoping that bonds would form between individuals and groups. After one of the sessions’ afternoon exercises, which I led along with a few rounds of bingo twice a week, the social work coordinator asked me into her office. As usual, our conversation was meant to discuss how I felt the tenants were reacting to staff changes and to assess their physical and emotional health, as best I could from a non-clinical perspective. However, I began to see that she was not only interested in how specific tenants were doing, but how they were doing it. Were there unnoticed conflicts? What was being whispered in-between sessions? Who was speaking to whom, and about what? Without compromising my privileged position, and my informant confidentiality, I would not refer to specific individuals, but answered instead about the level of cohesiveness I witnessed within group contexts.

The excitement and joy for the games led by social work interns was rooted in part within collective notions of identity among and between the tenants’ groups and cliques. As they assumed the role of social actors during these ritualistic activities, their target audience became the administration, their peers, and the other tenants with whom they could not communicate because of language barriers. Overall, there was a lot of sentimental value invested in the exercises and games. If these activities were not valued, then it is unlikely that anyone would have returned, like several other unvalued activities. The exercises and games served to satisfy needs of acceptance and belonging for the tenants. Rituals, as set forth by Myerhoff (1980), are cultural mirrors not always accurately reflecting practice as they occur, yet are enactments for “self and society to be known—to the subjects themselves and to the witnessing audience” (32) where the act becomes the belief. Hence, rituals generate conviction when reason and thought may fail. They are capable of making the improbable possible by persuading “us by our own

senses, appealing to us through color, smell, music, dance, food, rhythm, lulling our critical faculties. We perform in rituals, and doing becomes believing” (86). Embedded within the games were elements of gambling, as well as volunteering to aid those challenged by the games, and these daily periods became part of the identity markers used for self-reference for tenant. Most importantly, the sentiments attached to them could cross ethnic and linguistic barriers due to the limited oral engagements necessary. To follow the leader of the chair exercises or listen to the call of the bingo numbers did not require tenants to necessarily engage in deep conversations with each other. In this way, interactions between participants, while limited, were produced in a controlled and nuanced feeling shared collectively regardless of ethnic or linguistic differences. In effect, those who left their country of origin to retire in New York City and those who lived in Brooklyn their entire life now found themselves together during the later stages of their life. Through the power engrained in rituals – however sophisticated and complex they might have appeared to outsiders, which was never relevant in the tenants’ socially constructed worldview – they were able to benefit by breaking some of the barriers created in defense of their territory and their diminished access to the limited resources inherent in the government subsidized living arrangement.

Despite the fact that these daily rituals helped to create bonds across ethnicity and language, there remained suspicions of the ethnic Chinese and Russian newcomers. Many of my key informants believed funds were being dispersed to the new immigrants unfairly. From their perspective, they could not rationalize why people similar to them, phenotypically speaking, could not make the cut into the building. As their numbers dwindled, a type of social dying became obvious to both the tenants and the administration. More than the loss of any individual, social death in this context was marred by the fact that new residents were not like the older

crew. By the time I entered the scene, the so-called ‘good old days’ of the 1980s and 1990s had already become stagnant and marked by a decline of membership and social activities. The increased volume of the “Chinese” population only presented the grim reality in a new way. The old Park Slope, the rough around the edges Brooklyn familiar to my informants, was in the process of being cleaned up and new types of people were slowly moving in to the dilapidated buildings once occupied by my informants. This was due in a large part to their limited income and access to the enormous funds required of such projects. Many were long-term renters, too, and never owned a property. Emerging from a process of development that began in the 1970s along both the Upper West Side in Manhattan and Park Slope in Brooklyn, investment was having the desired effects by increasing the wealth of land with an influx of several diversified economic resources. Directly and indirectly, it led to the current gentrification by wealthier homebuyers from other parts of the city, surrounding suburbs, and internationally.

Given the diversity of the residence and the various demographics represented within it, the greatest threat to cohesion was the influx of Cantonese-speaking Chinese over the last several years. For many of the white tenants, especially those who had been living at Shady Grove Apartments since its inception, the place had become a shadow of its former glory. As Margaret retorted when I asked her to share her thoughts on some of the changes she witnessed and experienced in this building, “Beyond! Don't ask me! It's a bad word!” In a less emphatic, yet serious tone, she continued:

When I came here, it was February. In the old days, you know that awning down there, was always up with the Christmas lights. When [the former superintendent] was here, he was one of the best guys we ever had in this world, my God he was a good man! You don't know them, they've come and gone. But when I came they had the lights out, it looked so pretty. I stepped in the door, and I said, 'Oh my God, this is the cleanest place I ever looked at.' It was so clean here. And they were all white people. Not being prejudiced or whatever the hell, that's what was here. I couldn't help what was here. I knew mostly all of them. A lot of them from the neighborhood. And they were no

gossipers or no ugly people. That I can swear by. Everybody was very happy here and got along nicely, and got along with everybody and we had a sister ran the roost here and she was pretty good. We'd have little parties. Not a lot of them, but we had a few. Christmas time we always had a nice party. It was very, very lovely when I came here. But don't ask me about today. I'm alone here. I only have a couple of friends. They're mostly Chinese here now, and they have taken over. So, you don't know what they [want], or who they are, whatever. But it's very changed, everything is changed. We had a beautiful sitting room down there, with green furniture. Gorgeous, and end tables on the corners. Oh lord, it was beautiful when I came here. But that's 20-odd years ago. You have to expect changes and boy do we have changes! But that's alright. Everyone has to live, I guess. But I don't like it. I don't, everybody has to live, and they're entitled to be here, too, but there's too many of them here.

Analyzing the situation at home, Margaret first makes a nod to the past, the romanticized version of reality where things were much better than they are today. Within this argument, the population's ethnicity is a central point of contention, one that is tied to perceived cleanliness of the facility. This focus on cleanliness was something I came to see repeatedly linked to stereotypes of the Chinese ethnic group. Not only were they invading, but their character was under attack since they were considered filthy, bringing down the prestige and worth of the building by their presence. The view that the "Chinese" were unclean was perpetuated with the complaints made against them, and on several occasions I saw tenants yell at the "Chinese" for behaviors that disgusted them, whether it be regarding the food they ate, smells emanating from their apartments, their personal hygiene practices, or the state of building from their very presence within it.

In continuing her discussion about the uneasiness with her shrinking influence within the geriatric residence, Margaret proposed a hypothetical scenario in which her relatives live and work in Park Slope. She proposed this example to illustrate the point that her kin would not have the same access to the facility as the ethnic Chinese. In spite of the contradictions in her argument – she never considers the financial constraints of the immigrant population – Margaret

highlights how her cousins have a home in the area, an asset that would count against them in the quest for eligibility:

It's a damn shame. I'm not against them, and it's all right for them to come here, but how about, suppose I have around the street here two of my first cousins and a wife and family. If my cousins retired, he worked for a printer and then the wife still teaches in the 7th avenue school, and they have a one family house. Suppose they had no place to live and they're retired, they're brought up in this neighborhood, went to school and everything else. Now, why couldn't they come in here? They wouldn't be allowed in here! Is that fair? Oh no, no, no, no. They're just an example. They would never be allowed in here. Because Chinese are first: the minute the doors close and someone goes out, they come in. And that is not fair!

The disgust generated by discussions of the influx of new immigrants into the building had its foundation in the notion that the charity had constructed the building with the local population in mind. In her opinion, this building was meant for the people who had struggled to save the neighborhood from economic and social collapse over many years. These people included her next of kin who were now forced to move for economic solvency. Later on in our conversation she would remind me of the turbulent years that were crime filled and dangerous as additional reasons for local eligibility to the residence. Reflected throughout her stance was an attempt to reconcile the loss incurred by the arrival of the new population. This reliance on a fractured past to infer the diminished returns in the present was a common coping strategy for tenants facing an uncertain, and perhaps unwanted, future for the building and their way of life.

Echoing the opinion of many of my key informants about the origins of the building, Margaret reiterated how “they built this for the people in this area, it was supposed to be for people in the neighborhood!” The idea that the geriatric residential complex was designed for those residing in the vicinity of Park Slope can be traced to two facts from the past. In the first, the favoritism shown to those with direct links to the church or the charity was a very common practice long ago, and from what I can gather, these were the main ways tenants obtained

apartment slots for at least the first twenty years after the residence was open. The social memory connected with this practice made it especially difficult to reconcile the new system based solely on economic need. This was because tenants with the most years in the building were fond of recollecting to me just how they established these links as well as their exact relations with former staff and clergy that helped them become insiders. Tied to self-identity, it became a marker for those with social ties to the former glory of the building and the informal networks that were not easy to attain without being a member of a larger religious organization. Recognizing the diminishing effect of the religion and its shrinking membership would require admitting the social death of their own group. Solidarity was weakened as their collective continuation became less evident.

Thus, the “Chinese” population became a scapegoat for all kinds of issues at the geriatric residential complex, from the cleanliness of the building to the larger socio-economic problems concerning the continuation of the government funds supporting their livelihood. Beyond the economic hardships perceived by the white, English-speakers, the most resentment was directed at the process of becoming a minority in their own neighborhood later in life. Finding it difficult to bear, the presence of the Chinese ethnic group became a painful reminder of their own demise and their slipping connections to the neighborhood present in their everyday interactions. When I asked Camille, an Italian-American residing in the building if she could list the three most negative aspects about life at the residence, she replied:

Oh God. Some of the Chinese, some of them don't even look at you, they think who they are, you know? Because they don't, let's say I'm sitting downstairs, right? They pass by and like that you weren't even there. They don't acknowledge you! Maybe I felt bad at the beginning, but now it doesn't bother me. Just really the Chinese tenants are bothersome, sometimes. I ignore them now.

From her response one of the most important things to consider is acknowledgement, the action accepting the existence of someone. Feeling invisible was akin to social demise, for to be forgotten while still alive has a traumatic effect on the body and mind (Myerhoff 1980). Invisibility can push people into corners, further isolating them from the social world of peers and others. When asked to sum up her feelings on the subject, as usual, Margaret was not shy to answer. Her normally quick wit and snappy responses, however, gave way to a depressed affect I had only witnessed her display on few occasions. Looking down and glum, she sadly admitted:

It makes you feel terrible. I don't have anybody waiting to a degree, but it makes me feel bad that people are not allowed to come in here. White, retiring people. People that are retiring that haven't got big salaries or anything, none of them are millionaires, the people round here. Most have moved out anyway. A lot of our people moved, I guess. Not the building, but the neighborhood. They can't afford to live here. Everything's too expensive! I'd like to know why they only have all Chinese in here and white people are not allowed, or Puerto Ricans, or Italians or anything. But, no one's going to tell you. This is a secret. This building isn't white anymore. I do not understand why, as I said again, they're God's people, and there's no reason why they shouldn't be allowed here, but, not that many, we should be allowed our people coming in.

There was no way to alter the new reality, the new immigrant pattern was not going away and the number of white, English-speakers who were eligible for placement into the residence was few and far between. Even when there was a new member admitted, the numbers of this group were not increasing fast enough. The net effect of diminished returns was having disastrous knock-on effects on many of my key informants, especially those with the most to lose, without a family of their own, or with limited engagement with family due to distance.

Since older adults are no different in their range of emotions and the physical needs expressed by the human desire to be with another, relations between tenants also had the potential for amorous tensions. One couple I became very close with over the two years at the geriatric complex had in fact met as neighbors and began having romantic relations years later after the death of their respective spouses. As previously noted, while Geppetto and Esther had

lived in Brooklyn their entire lives, they never knew each other before arriving to the geriatric residence and met as neighbors on the same floor. When I began leading some of the activities in the afternoons, one of the social workers mentioned them as the most famous romantic couple at the residence: the “Romeo and Juliette⁴⁰” of their peer group. If nothing, the language used to describe their relationship was too simple a cliché, for in reality there was nothing tragic about them. Their relationship, while unique, was certainly not without positive and negative aspects directly affecting their social lives and indirectly affecting their physical and mental health.

At any given time I felt pressured to be ready for anything, until the day Esther approached me while I was on my way upstairs to interview another tenant. She started off with small talk about a resident and friend of hers who had passed away suddenly and quickly changed the subject to my knowledge of illness and disease. However, when she asked me nonchalantly if I knew how to use a thermometer to gauge someone’s temperature, I had a sneaking suspicion something was amiss. Suddenly, then, she added that Geppetto was not looking good or feeling well, but he was refusing to go see a doctor. After I asked her what exactly was wrong, she begged me to go upstairs with her to check up on him. Upon entering his apartment, which Esther had the key for, I discovered Geppetto sitting at the kitchen table playing the card game solitaire, coughing as if heavily congested with his skin a sickly pale-green tone. The strong bond between the couple was apparent from the help-seeking gesture she had made in the hallway in order to bring me upstairs. With a little bit of pressure from the two of us, Geppetto agreed to go to the doctor’s office since I, too, had good rapport with him. Calling a cab, we quickly jumped in and rushed to the office. Once there the attending physician, well acquainted with the couple – and not completely trusting of me – nevertheless allowed me

⁴⁰ These terms were used by tenants and administration to refer to this couple.

sit outside his exam room where I was able to listen to the entire conversation of his medical examination to determine Geppetto's condition.

Worried about several factors, including Geppetto's age, recent weight gain, lack of regular exercise and diet, the physician was not going to take any chances with medical tests and demanded he be admitted to the hospital. This was because it was impossible to know exactly what Geppetto's ailment was. The possibilities from initial observations without diagnostic radiology imaging ranged from bronchitis and pneumonia to COPD and the later stages of coronary artery disease, a fatal condition. Shortly thereafter, the ambulance arrived, and Geppetto was put on a gurney and then loaded into the vehicle, with Esther and myself besides him. With the oxygen mask obscuring his mouth, we asked him to relax as the ambulance sped through the streets of Park Slope, reaching the local hospital just north of Shady Grove Apartments where all tenants went for emergency visits. In the emergency room (ER), Esther was preoccupied with Geppetto's state of mind – trying to keep him calm with all the commotion of the busy ER and assuring him he was making the right decision. The hospital staff instead asked me to fill out basic information for him and gather the necessary identification for admittance. Never questioning my presence, the hospital staff assumed I was family and allowed me access to witness Geppetto's change of role, from tenant to patient, in a way I had never anticipated would be possible.

My fieldnotes from the following day offer a detailed description of the emergency room of the hospital where Geppetto spent a few days, and where I returned to see him in this different setting. There are many elements involved in this hospital admittance that speak to the complications that come as a result of being faced with possible death as well as the imposition of a new social structure and role, both of which Geppetto arguably fought against in an

oppositional stance. When I walked over to the Local Hospital to see how Geppetto was the front staff never asked for my name or any identification and I freely walked into the ER. He was still in the same spot I had left him, number 31, which was the same space, ironically, where I had been for 10 hours after being attacked in September of 2012. Lying in the bed, Geppetto was talking to his son and a fellow patient sitting near the edge of the bed. An empty bed was next to him in the curtained covered section. The ER was crowded and Geppetto was waiting to be admitted, but there were still no rooms.

Geppetto complained that there was no food. Earlier, his son had to go out and get him something in the middle of the night, yet Geppetto was clearly not happy with the cost of this excursion. He retorted “This big [makes small gesture with thumb and forefinger to emphasize diminutive size of the purchased food item] and cost him \$12!” Again, Geppetto complained of hunger as he usually eats at set intervals as Esther had commented to me when we first arrived to the ER. According to her, he would become agitated when these time frames were ignored. Rubbing his belly and yelling out “Hungry!” he rolled back and forth for a bit, calming down after his son asked him what he wanted to eat. Geppetto did not answer the questions, instead he commented on the price of the food, the quality, and how he felt the hospital should be providing him with something different. Geppetto’s son became agitated and snapped, “What do you want to eat?” Geppetto, then, became quiet and answered in a low voice, “a bagel/roll with butter and coffee.” A nurse was speaking to the patient next to Geppetto through the curtain divider, something about breakfast. Answering the nurse in Spanish, Geppetto yelled out ‘*Hambre, hambre!* [Hungry, hungry!] and turned to me to make a joke, “Ya hear that? They’re speaking Spanish!” His son asked the nurse when his father would receive food. She replied that he was not her patient and could not help them, insisting he talk to the charge nurse. Geppetto’s son

replied that he already did that. Then, they began arguing over who was supposed to be attending to his father's needs.

Geppetto later complained about the other people in the ER because of his lack of privacy. There was a woman who would sit up and stare at us every now and then. She did not have a curtained area and would look over at the space next to Geppetto on occasion. I moved in closer to Geppetto after talking with his son, who told me the x-ray had come back negative for pneumonia, but with a little shadow. The clinicians were testing him for congestive heart failure now, which Esther had whispered to me as a possible diagnosis in the doctor's office the day before. That morning before I arrived, Geppetto had to have an angiogram via the groin, a painful procedure. Geppetto made many jokes about this with me, especially how he felt the technician was too close to his testicles. One joke even suggested the technician may have "ruined" those parts of his anatomy by sticking the needle in them.

After talking with Geppetto's son, I moved closer to Geppetto to include him in the conversation about his health. However, the crowded space made for a very awkward discussion as Geppetto could not hear me with all the commotion. After a few rounds of back and forth, I moved even closer to Geppetto between the stretchers, and stood there talking and comforting him for about 20 minutes. He brought up Frank, the volunteer Tai Chi instructor, who Geppetto referred to as "the Chink." Geppetto stated that Frank told him to stop worrying about things as they were all in his head. Later, Geppetto declared "those Chinese are really smart, they know a lot about the body," adding that he was convinced the doctor sent him to the hospital to make money because of the doctor's connections to the establishment. Finally, another nurse came by with a tray of food. She asked me to step away from the second bed, and offered me a space at

the end of the bed where his son sat. This was the very space in which I had trouble interacting with Geppetto initially, so I apologized and left.

The caretaking practices and subsequent coping skills revealed in these interactions further illustrate the embedded positions in the social realm. The relations between his son and the nurse acted as an insightful mirror into some of the habitual routines Geppetto was accustomed to. While in the ER, without adapting to the new space along with his new role as patient would place Geppetto's behavior was outside an acceptable range. This new normal was temporary, yet with unknown outcomes of the diagnostic tests, he was given few options. This event also reveals a lot about his personal coping style, which was full of jokes to fill in the gap for the painful experiences he was having when being poked and prodded in the clinical setting. Humor served to alleviate the physical and mental pain of the procedures and crowded setting by generating laughter, a therapeutic practice with little cost. If not exactly the most appropriate discourse for the role of patient because of his constant interjections lewd commentary, it was at least tolerated to some degree because of the sick role. In being sick, Geppetto played with potential challenges from caregivers. In a way, this reflected a type of play within the new set of possibilities afforded to him in the role of hospital patient as distinguished by Varenne and Cotter (2006). Whether he liked it or not, being sick has benefits to members as well as restrictions to his autonomy, yet the particular coping strategy he used was a familiar one in and out of this setting.

Geppetto's ability to cope by making others laugh, or at least the attempts at making jokes, depended on the new status as well as continued relationships. It became obvious that the relationship between him and his son had some agonistic qualities that were difficult to decipher due to my limited interactions with them together. Yet, qualities had consequences for

Geppetto's behavior in the moment, and he acquiesced to the demands made by his child on the bed in the ER. It was difficult to assess if this modified behavior was due to the hospital setting or not. However, from my interactions with Geppetto I knew he saw his son irregularly because of the commute time between their home, which was over an hour away on Long Island. Geppetto needed the relationships fostered at his home in the geriatric residence to make up for the loss of the social support a more centrally located kinship-based network would grant him.

The relationship Geppetto maintained with Esther was unique, yet it addresses a type of caretaking replacement that was common at the geriatric residence among many tenants. The ability to cope with external relations lost or missing made a difference. Tenants able to foster relationships with peers were distinguished from those unable in the benefits they received from these relations. However, like all relationships, there were clearly limitations in the relationship between Geppetto and Esther since they were not officially married and kept their lives financially separate with their own apartments across from each other. In addition, everyday obligations meant to foster bonds between them and their children at times were straining. While Esther took a much more egalitarian approach with her children, being active in the many celebrations of her grandchildren and offering financial support for them to the chagrin of Geppetto, his relations with his children were much more hierarchical. The nature of Geppetto's relations with his children was substantially different, yet other factors did account for these differences. On the one hand, his children took care of him more than Esther's children did for her because of the way he treated them. On the other, she was younger than he by about eight years and in better health, which could explain some of the extra attention shown to Geppetto as he became frailer. A vital difference in their familial styles relates to one other factor, namely independence and autonomy. Geppetto clearly needed his children as caretakers more than

Esther. She was still in an autonomous and independent position of being a relatively healthy grandmother who could still dote on her children and grandchildren rather than needing anything from them in return.

Most relations between tenants were not based on romance – instead, the majority were represented by interpersonal relationships based on mutual trust and the ability to feel, identify, and sense what the other tenants were experiencing in less than ideal situations. In one of these encounters, Camille came to the social worker office distraught because her cable box was not functioning. What I thought would be an easy fix became a long and involved process that took about an hour of troubleshooting, with no clear resolution in sight. It even involved me calling her daughter to access the cable account since she had initially set it up for Camille, and demonstrated the complex relations between tenants and their children. What was most fascinating from being invited into Camille’s apartment to help her with her technical difficulties was the discovery that Carlos, a 69 year-old male originally from Puerto Rico, had been up there recently to help her as well. She had only come to the social worker office after his many attempts at correcting the issue failed. This was typical behavior for Carlos, who tried to make himself always available to the frailer tenants and he continuously tried to be useful to those in need at the building. To the greatest extent and as much as possible, tenants reached out to each other to make do with what they had, physically, economically, and socially. They were empathetic and read one another’s sentiments. They showed more than sympathy to each other’s concerns by offering assistance. These actions only underscored the importance of altruism and as demonstrated in the psychological literature, where the desire by people who are elderly for “social connectedness suggests the value of policies and practices that affirm the enduring benefit of altruism and helping in old age” (Kahana et al. 2013). However, these altruistic

gestures also had at their core a self-preservation strategy. By helping frail neighbors, tenants acknowledged the fact that one day they, too, would need the same type of help in order to survive. Though their independence was important to them, they also recognized that they would need help from a healthier fellow tenant in the future. Yet, as I witnessed, even within loosely formed relationships, conflicts emerged when individual interests outmatch the perceived benefits of such alliances.

Personal histories, choices made in the past, and access to resources along the life course heavily influenced the outcomes of tenants, and some were more resilient to the effects of time and life than others. The ability to adapt to difference truly became a defining feature at the geriatric residence, as did the ability to have good relations with neighbors. This made all the difference between tenants who were active and engaged in the world around them, and those who restricted interpersonal relations by contracting into the shell of their apartment, disengaging with the friends and family that comprised their social networks. If tenants had children, the relationship could go in a number of directions. As in life, nothing was guaranteed and simply having children did not mean that the relations were beneficial or positive to the well-being of tenants. Children could be more of a burden financially later on in life, as seen in the case of the ‘illegals,’ the children of tenants living in their parents’ home against the rules of the charity. This put strain on the types and levels of relationships tenants could have at the facility among their peers. Additionally, children who could not afford, or did not want, to live in the direct vicinity could bypass their responsibilities by pressuring the tenants to accept help from a home attendant.

Home Attendants as Extensions of the Self

One of the most complicated relationships that I discovered at the geriatric complex was by far the one between the tenants and their respective home attendants. Hired through independent third-party organizations, and consisting of all women caretakers, home attendants took over the physical and mental needs of those unable to care for their own needs. The process of obtaining a home attendant was not difficult once initiated. However, beginning the process of obtaining one turns out to have been the most troubling aspects. Getting tenants to acknowledge the need for someone to help them provoked strong emotions linked to the preservation of their self-identity. This is because a process of careful and slow adjustments by those closest to the tenant was required in order for them to agree to the arrangement. From the viewpoint of family members and administrative staff, this was due to the disassociation of the aging process. However, from the worldview of the tenant, there was a lot more at stake than simply obtaining some help around the house.

After the incident with her cable box, and my interview with her in which she exhibited early signs of dementia, it started to become apparent that Camille was having a hard time living by herself. To the social workers, she became another difficult tenant who was resisting the services of home attendant care because she did not want to admit to her limitations. However, to Camille, it was more about her world not adjusting to her. One afternoon she stopped in the social worker office to chat before her routine making of dinner each day at 5pm. As became the norm for her, she complained about being bored with nothing for her to do, and no one for her to speak with since she did not know their language. This particular day, she discussed how there was no one to speak to in her apartment either. Referencing the community room full of Chinese-speaking home attendants who had become staples there, she rolled her eyes as she bemoaned with a huff “Can’t talk to anyone in there!” Paying attention to this

emotional outburst, XueMin, a social worker intern, discussed having a pet as a companion, but Camille said she never had one and thinks it would be too much work right now. When a social work intern mentioned the prospect of receiving company and care from a home attendant, Camille became indignant, replying angrily “Not yet, thank God!”

Tenants’ resistance to home attendants was common and nothing new for the administration. Once the tenant finally decided to hire a home attendant, then the tedious process of figuring out how to fund the service would begin. Home attendants could be hired directly by the individuals needing their services or their families, yet I only observed it being arranged by the social work staff due to the complicated paperwork involved in procuring payment from the healthcare insurances. While secondary insurances would often give a limited number of hours, if any, the government subsidies incorporated in Medicare tended to follow suite with the private insurances, with the welfare recipients of Medicaid having the most hours per week of home attendant services covered in full. This made yet another case for the coveted Medicaid designation, a point of contention for the American-born tenants because they believed the migrant population were able to qualify easily even without many years of taxed work experience, as KaWing noted earlier. Because social workers would advocate for the home attendants to have extended hours, they constantly discussed how upset they were that most of the tenants did not have access to a home attendant, or that they did not have enough hours with one each week paid for by the healthcare insurances. Obtaining a home attendant was not an easy task unless one paid out-of-pocket, which none of the residents at this facility could afford.

Trained to be astute listeners, the social workers would often explain to me how one of the largest obstacles of even considering a home attendant came down to two categories for my main informants: gender and cultural identity. The social worker, KaWing, articulated this aspect

with me when we were discussing how to assist tenants. In her opinion, it was far easier for the Chinese-speaking population to obtain access to home assistance. Any cultural distinctiveness of the home attendants – many of whom were migrants from the Caribbean – was felt acutely by my main informants. Many of the home attendants spoke Spanish as their first language or spoke dialects of English that were unfamiliar to my informants. In fact, some refused these services because they believed the difference to be too great of a burden on them. To them, the difference was viewed in a negative light that far outweighed any positive aspect of having the help in the first place.

When, and if, the home attendant was accepted into a tenant's life, close bonds often formed. In this fashion, home attendants afforded many ways for tenants to be able to maintain their older mannerisms and acted as extensions of the self. This manifested in various ways, such as being the bearer of knowledge and experiences the tenant had forgotten, which was one of the most common that I noticed. In an exchange during an interview with Dorothy, a recent centenarian, our exchanges were often followed by a question to her home attendant for verification of the information being asked. When I asked her how long she had been a resident, the dynamic between her and the home attendant was one of complete trust:

Dorothy: [While looking at the researcher asks her home attendant] How long am I here, Norma?

Norma: Twenty-eight years.

Dorothy: [Directed at the researcher] Twenty-eight years!

When present at interviews, the home attendants often acted as a replacement for the tenants' loss of physical or mental abilities. Whenever I spoke with those with home attendants, they became a source of information, channeling the memories or desires or sentiments of the tenant. A close bond was necessary to perform their job tasks well. Sometimes home attendants would

even add to the conversation from the perspective of the tenant, answering in a tone and language used by their client. For example, when a tenant would become quiet or unsure of how to respond, or in some cases if they were just passionate about the topic, the home attendants would offer their opinions in a nonchalant manner. This became apparent when Margaret's home attendant emphatically added "the place keeps raising the rent, every time we turn around it gets higher and higher!" as I was having a broader discussion with the resident about her experiences in Park Slope. However, this was always a unique relationship, and some were more forgiving of their home attendants than others, depending on the level of care they required and the level of bonding accomplished between the two individuals.

If relations between administration and the residents could become strained from time to time, then those very emotional states of being had the propensity to become even more amplified among the residents and home attendants. This was mainly due to the personal care giving tasks being carried out. During these tasks, tenants were often in compromised positions of power and control over their bodies. Depending on their level of awareness and temperament towards relinquishing control over to another, the relations between tenant and home attendant required a careful balancing act by both parties involved. To have a good relationship with the home attendants, the tenants had to either trust the home attendant completely or have the skills to be a good manager of the home attendant's time. This latter skill-set, however, could be compromised if the physical or emotional components of the body were compromised, as in patients with dementia or who had experienced a stroke that caused mental deficits. Home attendants who gained rapport with the person in their care often walked a fine line between doing a job with a finite set of responsibilities and being a more integral part of the client's life. In this way, the roles home attendants were positioned in often acted as extensions of self for

those who employed them, exhibiting skills the aging body could no longer accomplish and at the same time being directed by an individual who was still very much alive. Autonomy was the most closely kept commodity that tenants held onto. Once they gave up any autonomy, it was difficult for tenants to re-establish control; I witnessed only a handful of successful cases.

Loss of autonomy was perhaps the most urgent issue tenants with long-term care faced. On the first day I met Peter, his home attendant was pushing him in his wheelchair down the hallway on their way outside for some shopping along the business district strip on 9th Avenue around the corner from the residence. At the request of the social work coordinator, they stopped to say hello. As we asked Peter about his day and after he began a friendly and engaged conversation about his ethnic background, the home attendant took over and began answering for him. Peter remained silent and listless for the remainder of the conversation while the home attendant redirected the discussion to the tasks at hand for them both to accomplish that afternoon. She pressured us to allow them to continue on their way. After this encounter, the social work coordinator and I discussed the issue of autonomy further, and she conceded it was situations like the one that dissuaded many tenants to seek the help of an aid. They saw firsthand what happened over time to those requiring home attendants. If the home attendants could act as an extension of self, they could also overwhelm the autonomy of personhood. The potential for creating a situation where autonomy diminished was all too common at the facility. Tenants were well aware of the end results. Tenants were overtly aware of the consequences of losing their autonomy. This fostered an attitude casting doubt on the usefulness of having an aid to begin with, allowing resistance to aid that might alert others to perceive them as frail to be a common trait. The caretaker's role could – and frequently did – become more than simply about aiding to make up for loss of physical and mental attributes. Instead, the caretaker's role in the eye of

those receiving services became a way to direct the goals of the person. This was a situation none of the tenants wanted to be a part of because loss of self-autonomy threatened the core of their identity as individuals.

Overall, the home attendants' presence in the facility was well-established; they were ubiquitous among the frailer tenants. In the context of the public and communal spaces, home attendants did not simply work for their employer. This was because their ability to step in for other caretaker's responsibilities was always expected in some regard, and it was not uncommon for home attendants to help several of their employer's peers during activities and other shared communal time spent in public. Simply put, their presence was not only felt by those under their direct care but also tended to ripple throughout all life at the center. Most of the time home attendants could be ignored or avoided, yet they were never excluded from social life of the facility as to do so would exclude their charge. One conversation during bingo from my fieldnotes highlights the important and active role of the home attendant in leading the discussion. As was often the case, people would come and go through the community room while activities were in session. One day in particular, Carlos [a tenant] commented about Nilda [a home attendant] fanning herself. At first he spoke in Spanish, and I overheard him say perhaps it was due to menopause and hot flashes that could last 11-12 years. In turn, Nilda responded in English as to not exclude the rest of the tenants. She joked that this had been the case for the last 10 years. Carlos laughed, and keeping the conversation in English added "well, you have one more year at least!" The conversation, then, continued in English, but the topic changed to opinions on aging experienced by men and women. In noting a difference, Nilda discussed how in her opinion hot flashes were better than what she thought men went through, namely trying to date younger women. Continuing on, they could not decide on the term to use to describe the

phenomena, and when I offered “mid-life crisis” as a suitable description, the room hollered in excitement and concurrence. However, some present were visibly offended, and Lois [tenant] made an offhand comment “What is this sex education class?” while rolling her eyes and raising her voice in indignation.

The impromptu interruption sparked a wider discussion about womanhood otherwise ignored in narratives of the elderly tenants. This public display shows how instrumental home attendants were in developing bonds across tenants regardless of whether or not they were employed by them. In this particular instance, the interaction was between two bilingual Spanish-speakers, one a tenant and the other a home attendant. Clearly, my company in the setting mattered, and if I had not interjected “mid-life crisis,” perhaps the joyful response would have been more subdued. However, my presence also did not stop the off-hand comments, which would have stopped if any of the administration were present. These comments reflect my rapport with my informants who felt comfortable with me enough to divulge secrets and personal views. The code-switching, from Spanish to English, was propelled by the home attendant’s ability to cope with those in her charge. Had she continued in Spanish alone, as the tenants would often do regardless of who was present in the room, she ran the risk of alienating her employee. This type of self-regulation was the hallmark of a successful home attendant. Without it, trust would be eroded in the relationship between tenant and home attendant, with the former potentially making accusations against words they did not comprehend. Making sure the tenants knew what was going on in their surroundings was a vital strategy for maintaining one’s social status among tenants, thus keeping one’s position as a paid employee.

The interactions showed a few interesting aspects of daily life and the influence of the home attendants. First, gender roles and physical differences across the sexes were codified

along biophysical indicators of the aging process. This differentiation was accomplished in a jocular fashion, one that I rarely heard elderly tenants discuss without a home attendant present. Second, while this interaction was mainly between a male elderly tenant and a home attendant in her mid-50s, it was not a private conversation. Instead, it took place in a public space in the middle of bingo, an activity designed to be monotonous and easy to follow. The bingo games were never actually played in silence as these were the times that I found tenants, staff, and other caregivers making comments and jokes about daily life. These comments and jokes were always relevant to the participants and their life experiences, such as being poor, marginalized because of age or disability, or for other reasons. Taking time to craft narratives around the limitations their lives in this stage of life served to share the pain instead of dealing with it alone. Talking about these limitations in public became a vital part of all social activities, regardless of the rules involved in their play. Partly because the rules were so well known, and partly because they were easy to follow, what appeared to be a simple game became a social event that allowed tenants and others to think freely and express their opinions through humor. What made the role of the home attendant so unique was the ability to act as the catalyst to begin discussions about otherwise taboo behavior. The home attendants acted as a link to the present, ever-changing, outside world – a crucial link for the tenants.

Limitations of Exchange: Tenants as Recipients

It was necessary for the tenants to be able to foster amiable ties within the confines of the social and economic limitations in this institution. It was not surprising to find out that all living arrangements have limitations because social actors have roles that define their ability to engage in certain actions without consequence. What became interesting from this study was how these limitations were imagined and challenged by informants, and the ways in which they helped or

hindered their physical and mental well-being. Ultimately, their ability to function within the social system was due in part to their ability to maintain ties within different social realms, either from their families, neighbors, representatives of the charity, or the home attendants, all of whom became vital and necessary components for their continued care.

In the end, due to their advancing ages, the physical realities of their working class lives, and diminishing access to social relations fostered over their lifetime, residents were on the receiving end of caretaking. In part, this may be expected given their fragile state, although from my interactions with elderly it was clear that their diminished social location was additionally hindered from constraints within the physical environment. This impeded residents' ability to engage with other people and forced them to use more circumventive manners, such as through contact in the hallways or communal events outside of the building, to foster relations. They had to rely on their individual interests to find acquaintances. With the built-in limitations, never accommodating more than half of the residents for a building with over 240 tenants, the elderly had to rely on these interpersonal relations made in less than ideal locations, such as in brief encounters in the small public spaces, or at the events put on for them by the administrative staff. Again, returning to the topic of activities created for the residents by the social worker staff, this reliance on the administrators for social networking venues added another layer to their entangled relations with the staff, who were neither kin-based caretakers nor peers with whom they could exchange altruistic gestures when needed.

All systems have pluses and minuses inherent to their regulation of human behavior, and in this case the architecture of the residence made it easier to monitor tenants in times of crisis. The wide hallways allowed easy access to their apartments, for those entering or exiting on stretchers, wheelchairs, or crutches. This was of course for their collective benefit. If an

ambulance was called there were fewer delays to retrieve the fallen, ill, or deceased, which would cause panic in the tenants witnessing the removal of one of their neighbors, as it did with the administration. While the structure limited their ability to interact, it did not do so completely as demonstrated in the ways tenants made use of many strategies to continue engaging with the administration, other tenants, and other caregivers.

Home attendants played a crucial role in these interactions to address uneven exchanges faced by tenants. Depending on the level of health concerns tenants had, as well as their ability to manage their employees, home attendants could easily be perceived to be a burden as much as a benefit. At the end of the day, these services centered on the perception of health and well-being of the tenant population. In spite of this beneficial aspect, it is important to note that if these services were seen as challenges to the continuation of the tenants' sense of self – their prized ability to be autonomous or the identity markers that gave their life meaning – then resistance was vibrant and tenants fought an uphill battle against the loss of these significant social factors.

This collective loss became even more apparent during events where outsiders were brought into Shady Grove Apartments. In an event to foster relations with neighbors outside the residence in Park Slope, the social workers had invited teachers from the local elementary school to bring their students over to sing songs for Flag Day. A commemoration held on June 14th for the adoption of the flag of the United States in 1777, it was an annual celebration of American ideals held in high esteem with tenants. The event took place in the social hall, a large room designed to fit only a third of the tenants at any given time, the crowd mostly consisted of ethnic Chinese, with a few white women lining the seats in the back row, and a scattering of Spanish-speakers throughout, and there were no Russians in sight. Passing out miniature American flags, the teachers asked the participants to sing along. However, given the fact the majority of elderly

in the room did not speak English, this request was mostly made in vain. As the children began to sing typical American patriotic songs, I realized they were improvising parts, creating a joke among themselves by gleefully shouting: “This land was made for you and me, mostly me!” giggling as they pointed to their chests when stressing the final syllables of the refrain. Whether an initial part of their performance or not, the children continued uninterrupted, with the tenants waving the flags. As amusing as the joke was to the children, in part the “me” they spoke of could represent the shifting the wealth distribution. In the opinion of my informants, they had survived the troubled past of Brooklyn only to watch their homes taken over by others, in this case straddled between the minorities who became the majority in the housing unit and the gentrifiers (colloquially referred to as ‘Yuppies’ as Janice had explained earlier) of Park Slope who sent their children in to sing to them about how the land was mostly meant for the newer generation, which did not include the kin of the elderly. Exclusively, the place encompassed by the name Park Slope, after many years of neglect has now become an object of desire refashioned to fulfill a bohemian fantasy, fueling the synergetic repopulation of the city with the affluent and educated.

Certainly there are economic and social benefits to this gentrification, an obvious one being the diminishing crime rate around Prospect Park and the increase in public services catering to families. Yet, because my informants’ identity was tied to the Park Slope of the past, one in which work, education and Whiteness were central, with a fixed number of ethnicities comprising the latter social category, their sense of belonging existed within a memory of a social space long gone. Life the way it was, the way they remembered the past, and how they discussed what it used to be, all acted as central components of a constructed self, a marker entrenched in part by the neighborhood that once was. Even when confronted with facts, and

individual's memories of the struggles between different ethnicities such as the constant fighting between rival gangs of Italian and Puerto Rican descent of the 1980s, my informants were more likely to blame the "Chinese" and the "Yuppies" (the young professionals, a label they placed unto me as well) rather than acknowledge the Park Slope remembered is not the one encountered today.

Chapter Summary

The relations at the home for indigent elderly and the disabled illustrate the complicated nature of human contact across the most predominant social roles and statuses. The narratives come from my informant pool, including the tenants and their caretakers. Broadly defined, caretakers in this context ranged from the administrators to the social work staff to the home attendants who helped tenants in many ways survive on very little income to assist them to live as independently as was possible given their unique health and physical circumstances. Like all interactions among humans, these relationships were hinged on often-fragile emotional attachments, some with the tenant in control and others with the caretaker taking the reins from them. These power struggles resulted in friction, a delicate dance between social actors that resulted in mostly positive physical benefits to the tenants. At the same time, there was evidence for some negative psychological effects, which framed the on-going resistance to change from which individual autonomy was always at stake.

VII. Moving Out: Perceptions about the Health and Well-Being of Tenants

My initial interest in studying the elderly poor sprang from my experiences with my family, especially my maternal grandparents' experiences. Listening to their stories about urban life when I was young sparked a desire to know more about Brooklyn and the possibilities that could have been if my family had not relocated to the suburbs before my birth. Unsurprisingly, what I discovered upon entering the field was vastly different from what I had imagined. The most shocking reality I had to overcome was the death of my informants. I had to face the intense grief experienced by loss of those close to me. Tenants whose lives I became so intimately connected to were no longer among the living.

Quality of Life and Quality of Death: Rehabilitation versus Maintenance

Throughout my time spent at Shady Grove Apartments, there was always a distinction made between quality and quantity of life. Though subtle, the distinction had ramifications for social actors. Due to the nature of the relationship between the charity and its sponsor, the religious authority of the church set forth restrictions that focused on the sanctity of life: each person was to be kept alive at all costs.⁴¹ This focus on the continuation of life at all costs set the stage for the lack of a focus on the worth of dying with dignity. This distinction between quality and quantity set the stage for the ways social actors engaged with public policy when advocating for life. Yet as I came to find out, they did not always have the funding to support it. Like all social systems, services for the upkeep of dwellings and those utilizing them came at many types of costs.

⁴¹ On this note, and mentioned to me in passing, the social workers discussed their training at the central office in downtown Brooklyn and how they were instructed not to offer any advice or referrals for services having to do with sexual practices or reproduction. "Not that it makes a difference with this population" was a rebuttal offered to console their opposition to the rule, however.

In the day-to-day routines, questions of how to pay for the services required to care for people unable to care for themselves constantly resurfaced. This had an immense impact on how to approach sensitive subjects because good ideas were considered wonderful – if there was a way of financing them. In addition, whether or not an individual was living independently was an ever-present dilemma within the daily conversations of the administration, particularly the social worker staff. This was especially salient for the social work coordinator, who had years of experience in healthcare, most importantly in hospice⁴², where death and dying were integral parts of the profession. From her professional perspective, the question was neither how independent the tenants appeared to be, nor how many resources were needed to keep them at the residence. Her primary concern was the quality of their experiences in and out of the facility. If their quality of life could be augmented in a nursing home or another type full-time care facility, including their family, perhaps, that was the best route to take. Despite her pragmatic attitude, she acknowledged that engagement in their lives came with a social price. One day, tenants would leave: on their own accord, or by wheelchair, ambulance, or hearse.

One of the main vehicles social worker staff used to engage tenants were the many weekly group activities. These were performed in an attempt to make residents more physically and socially active and to improve their physical and mental health. In some ways, these games, exercises, or other social events were successful in creating bridges among the tenants. However, the underlying resentment of the new social order of the administration and the increasing number of differences between the four main ethnic groups among tenants led to resistance and disengagement from many. This vitriol towards the new social order and demographics only helped to segregate the tenants, further isolating those with limited social networks. It also

⁴² Dealing directly with patients deemed unlikely to live beyond six-months, hospice gives reprieve from social and financial burdens. The designation for hospice care requires the recommendation of a physician and documentation of illness. Hospice care under the Medicare Hospice Benefit requires a diagnosis by two physicians to certify a patient has less than six months to live.

slowly began alienating those whose kin were active in their lives. The net effect on the tenants was a constant indirect concern with a feeling of isolation, one that the social work staff attempted to address with little success. Indeed, many tenants described the overwhelming feeling of marginalization, or believing they felt like a stranger in their own home. Ultimately, their sense of belonging was challenged as they slipped into a minority status not only within the building, but also within the outside neighborhood of Park Slope.

Activities chosen to improve the physical or mental well-being of tenants often revealed subtle cracks in the social dynamics and resistance to norms the establishment made every effort to enforce. In reviewing cases when this disengagement became even more evident, it usually reflected the issues most pertinent to belonging and sense of self. On one particular occasion, the social work coordinator invited a local expert in Tai Chi⁴³ to participate in a special event for the tenants to learn about the martial and therapeutic art. Numerous research has linked the “buffering effect of neighborhood resources, specifically leisure amenities and voluntary associations, on the relationship between poor physical health and depressive symptoms” (Liu et al. 2015), and the Tai Chi classes taught by a volunteer were aligned to this mindset. As it were, Frank had been a volunteer leading a weekly class at the residence for many years before, but it had to be canceled due to other paid engagements he was offered. In an attempt to have him return to teach the free classes, the special event was meant to advertise the class while invigorating social ties among tenants and boost their morale. Despite the ethnic Chinese practicing Tai Chi regularly each morning, this vision of a healthy body was not appealing to everyone. For instance, in the middle of the interview I had with Camille in her apartment, she spontaneously began talking about her conflicted emotional response to Frank’s talk on Tai Chi:

⁴³ Tai Chi: A shortened and anglicized version of Tàijíquán 「太極拳」. It is a form of Chinese martial art practiced as a means of regulating the body. Practitioners claim it has health benefits via its fostering of defense training.

Well, last night yesterday, Frank came, you know, they invite Frank, the exercise guy. I'll tell you, I sat there. All he did was talk Chinese! Explained it with his arms what he was doing, all the stuff. But, we didn't do exercise, so then I walked out. Useless! I wasn't upset, you know, not at all. It's just because it was taking a long time, all right. He didn't do what he was going to do, and that made me feel angry.

Camille was clearly not overjoyed about Frank's return, and yet the reasons she was upset had little to do with him as a person. Her main gripe was embedded in her social location as a member of the new ethnic minority of the building, and this is reflected in her consistently negative remarks about the majority "Chinese" population. This vitriolic emotive response had become so profound as to now overshadow any interest she might have had in the activity, regardless of her familiarity with the expert trainer. Code switching, or the changing of language during a social act, could be attributed to this reaction on the part of the tenant, and the trainer's use of what would have been either Cantonese or Mandarin to explain himself to those not fluent enough in English often riled up the English speaking population in my presence. The use of "Chinese," as they called it, would alter the mood of the room from one of playfulness to one of melancholy. Physically and mentally draining, this emotive function took a toll on them. Camille was no exception as she clinched her teeth, held her hands down, and her face formed into an expression of utter disgust while discussing the incident with me in the privacy of her home. She no longer felt the need to hide her true feelings about the social realities outside in the halls, communal rooms, and garden.

The promotion of Tai Chi and use of Chinese languages were only part of the tensions between tenants. The gardens were another area of contention. Created out of charity-held land on what was a seldom-used bocce court, in 2010 the building owners replaced a makeshift garden with thirty-eight individual mini-garden plots⁴⁴. Doubling the planting area, these public

⁴⁴ Retrieved on October 18, 2012 from <http://www.nydailynews.com/new-york/brooklyn/diverse-group-local-seniors-windsor-terrace-bloom-article-1.946402>

garden units quickly became one of the proud achievements of the facility. At the end of the day, the joys of the garden were tied to the feelings of belonging tenants attributed to their general quality of life. The people with direct links to the garden reported feeling more involved, and yet this could be attributed to their overall health before they started the project. Toiling in the garden required getting up and down on one's own, and moving equipment requiring some upper and lower body strength. Gardening came at the tenants own risk and was unsupervised except for when residents and administrators went back there while tending their own plot, sitting at one of the umbrella-tables, walking along the paved paths, or practicing Tai Chi. Of course, there were always those peeping out the window who could view into the garden, yet the likelihood of them reporting events in an emergency were left to chance.

Already a desirable commodity, the mini-garden plots became an area of contention across various groups after the local paper wrote up a small piece about the health benefits enjoyed by the elderly tenants outside in their safe space protected by the walls of the facility. According to the news report "The roughly 240 residents come from a range of backgrounds. About half are Chinese, while the rest are primarily Russian, Hispanic and American. The garden brings them closer together" (Barbarino 2011 retrieved online). Since there were not enough plots for everyone, a lottery had been introduced to distribute them fairly. Residents vied to win one of the plots during a competitive raffle. The year I observed the lottery, over two years after the article was published in 2013, there were sixty-five residents entered for thirty-eight spots. Yet, soon after the lottery event, it became clear that not everyone bought into the fairness or standards of how the land was distributed among residents. My observations directly contradict the news article's positive outlook on the health and communal benefits of the mini-garden project. This was evident in one of the quotes attributed to a white female, aged 82, as she

asserted: "Everyone is very satisfied. Everyone enjoys it. We get together and have little conversations. It's good for the Chinese, the Americans, to get together. We mingle more." What was never mentioned in the report was how this person in particular was known for her aggressive, abrasive, and outspoken remarks about the changing demographics of the building, especially the immigrant population. When questioned about the article, the administration recalled it was meant to display a sense of solidarity within the complex to the outside world, which was advantageous for public relations. The benefits inherent to such propaganda came in many forms, from additional donations to the charity for aging services, to an increase in petitions for neighbors to be volunteers at the center. Since relations with tenants' next of kin could not always be counted on to satisfy their daily needs, the positive publicity proved useful.

While the mini-garden project had many underlying benefits, it tended to help the organization as a whole and made many feel left out. From some perspectives, it appeared that the administration benefited more than the overall tenant population. Subsequently, various forms of gossip emerged about how the lottery for the plots was handled. These ran the gamut from secret deals made at the Chinese New Year celebration, to bribery of the new housing coordinator, to a rumor of favors being done for tenants who were involved with the social workers' activities. The information spreading about the lottery highlighted the mistrust tenants had for each other, especially among the four major linguistic populations (Chinese-speakers, English-speakers, Russian-speakers, and Spanish-speakers). As can be expected, this mistrust had a negative impact on the cohesion across groups as individuals from the white population, whom were my main informants, felt alienated from territory they identified as once their own. As has been demonstrated throughout this dissertation, this new minority status within the confines of their home had consequences on their well-being. The group numbers dwindled with

each passing of a member as did their collective memory of Brooklyn as it once was faded from the culture of the institution. In my observations, this only led them to become more anxious and detached from the on-goings of the building. The dual programs aimed at opening space for maintaining or rehabilitating the health of tenants, at least from the social worker perspective, became that much more difficult to accomplish in the long run.

Initially, the activities for the tenants appeared simple and repetitive to me. Yet I learned they were exchanges full of meaning to all of the participants. Quality of life was the main concern, and positive intentions provided the impetus for implementing these activities. Some of the key benefits included augmenting or stabilizing physical abilities and expanding social circles of participants through these exchanges. However, social workers were constantly involved in a balancing act between the rehabilitation of tenants versus maintenance of their health, with these activities playing a central role.

To state that rehabilitation is expensive is an understatement. It is not simply the healing process that one must consider, but also the ability for individuals to live as independently as they possibly could given their physical conditions, which ranged from individual to individual, and which changed over time and circumstance. The cost of rehabilitating an individual if ailments or other chronic conditions made them unhealthy, such as after a serious incident or hospitalization, was not only one of financial concern but also of manpower. Who would take care of them if they could not care of themselves? Independence, which the tenants fought hard to keep, impacted the way they were looked at and treated by their caregivers, whether they were family members, the home attendants, or the social work staff. It was pragmatic to implement activities to maintain their health levels, however limited, in the hopes of not having the tenants hospitalized. Yet, these activities had limits that were tested regularly. In as much as the

activities helped to benefit the participants, they also were opportunities for assessment and early detection of disease, chronic, acute or otherwise. The time spent in the public space, or even the time missing from it, became a litmus test for their ability to be as independent as possible with the help provided, which included family visits, state-paid health attendants, or the eyes and ears of the social work staff. Tenants' health was a team sport, allowing them to be monitored under the pretense of efforts to open space for self-identity and communal solidarity.

The Caretaker's Dilemma: Resistance to Aid

All life is finite: We are born, we live, and we die. These are facts, yet the manner in which the three combine in any social system relies heavily on the modes of reproduction as linked to the dominant economic system in use. Caretakers are part of both systems, of course. They often crisscross economic lines and familiar ties as they help propagate the next generation by taking care of those with limited abilities to do so for themselves. This is done regardless of the age of the recipients.

Overall, the assumption is that the older we are the closer to death we become. Statistically, this is true. The reality in the modern age with advances in medicine lowering infant mortality rates across many societies has also increased the lifespan. Still, young people die all the time⁴⁵. Indeed, death surrounds us and is always in our lives. The perception of death is trained by a disassociation of it in our lives. As noted by Ariès (1987) this reflects the *invisible death model* that is a recent development in the 20th century, and a consequence of the medicalization of death that has removed it from public view. This process of removal has led to discomfort on the topic of dying as to alter decision-making and risk-taking behavior. The actions and habits of the tenants faced with death were laden with what could be viewed as

⁴⁵ Regrettably, I was reminded of this fact on August 15, 2015 when a college friend died at the age of 38 in a car accident.

erratic behavior to those not familiar with the individuals or the social realm in which they were embedded. The end effect on the caretaking practices towards individuals in this predicament became intermingled with problems that were sometimes only solved when individuals passed away.

Of the many challenges faced by caretakers, the disassociation from death was probably one of the hardest aspects to contend with due to the complex social world of tenants. This disassociation came in many forms, sometimes from those surrounding the tenants, other times from the tenants themselves. The following vignettes aim to expand on these challenges and show the choices made by individuals, which had a great deal of impact on their care. At the end of the day, people make choices taken from the limited possibilities afforded to them. Agency has an important role in this decision-making process, with impacts on the quality and economy of care, and carrying emotional consequences for all involved. There were many reasons for refusing care, each unique to the individuals' life histories, as exemplified by my observations of David and Ellen.

“How Long Do You Want to Live For?”

Smoking his pipe under the covered terrace in front of the social worker's window – this is where I normally encountered David. He had a red motorized scooter with a small basket in the front with his radio blaring coverage from 1010 WINS⁴⁶ across the driveway near the entrance to the Geriatric Residential Center almost every day before lunch. A main fixture of my early experiences at the center, I quickly gained rapport with him due to his mostly-friendly disposition and eagerness to talk to a male counterpart. A Veteran having fought in World War II and serving time in the Korean War, David was equally proud of his service to the United States

⁴⁶ <http://newyork.cbslocal.com/station/1010-wins/>

and his Italian heritage. One of the first things he mentioned to me while lighting his pipe was his disregard for any precautions against smoking. Even his physician had told him that at his age it wasn't going to hurt him, and David would laugh as he exclaimed "I'm over 90 years old, how long do I want to live for?" with his strong Brooklyn accent. Most of our chats were about pipes and brands of tobacco he enjoyed, or the war years and the men no longer with us who once roamed the halls of the center. But once in a while he would open up about his recently deceased wife. This was always a rough subject for him to recall, and in the brief moments when he did, tears would well up in his eyes, yet David would change the topic before he began crying. His famous last lines on the subject were "What else can I say?" I began to see this as an indicator that the subject was changing, and we could continue talking about anything else but his wife.

With a careful eye over all the interactions between tenants and those taking any sort of caretaking role, the social work coordinator had noticed my relationship with him and had asked me to check up on him during a 'friendly visit', which were the typical unannounced visits I had with many of the residents. Two weeks prior, David had been discharged from the hospital, and I observed him being wheeled into the complex by his son as they passed the social work office on their way to the elevator. The social work coordinator stopped our formal meeting about other pressing matters to ask David how he was and if he needed any help. This maneuver to reach out was rejected by him rather angrily, as he exclaimed "I'm too busy for this right now!" in a weak voice while raising his arm as best he could to shoo her away. When she returned she informed me of his failing health: the week before he had been hospitalized after being diagnosed with COPD⁴⁷ (chronic obstructive pulmonary disease). Plus, he had just had his apartment fumigated

⁴⁷ "COPD, or chronic obstructive pulmonary disease, is a progressive disease that makes it difficult to breathe. "Progressive" means the disease gets worse over time. COPD can cause coughing that produces large amounts of mucus, wheezing, shortness of breath, chest tightness, among

for bedbugs – a constant pest in the building – and therefore, the social work staff had put him on their list of must-see tenants. Because we were both males, they thought I would be an ideal candidate to begin a conversation about the future, however limited it might be for this tenant.

As I quickly learned, the death of a tenant, someone who shared a piece of their life with you, and whose health you monitored in the role of a caretaker, was still shocking, even when it was obvious to all involved. The overwhelming anguish, a feeling of your heart wrenching tight, is the only way I have to describe what happened the day the social work coordinator told me David had died due to his heart finally failing. Sitting in her office, at first I was in disbelief, but I tried to carry on with the discussion of the events for the day. An emotional response then hit me in midsentence, and I began to tear up, eventually having to excuse myself to go to the bathroom to dry my eyes. Up until this event, I had never experienced this type of loss in the workplace. Yet, in this context it was happening all the time, and the entire staff had become all too aware of the feeling I was experiencing. The difference is in the way they coped with it. Because death had become so normalized, they rarely expressed any overtly emotional reaction, unlike me. Two reasons for this included the exposure to tragic events, such as the passing of tenants, and the detached observer training they had gained from their formal schooling. In my opinion, if clinicians reacted the way I did with the loss of a tenant, eventually the emotional burden of attachment could hinder their ability to complete many tasks. With their ability to process the emotions of loss over time accounted for by skill and practice the untenable task of coping with constant death could be self-managed allowing social work staff to complete their work and serve the target population. As previously noted, this self-regulation is partially accounted for within the notion of the medical gaze described by Foucault (1963).

other symptoms. Cigarette smoking is the leading cause of COPD. Most people who have COPD smoke or used to smoke. Long-term exposure to other lung irritants—such as air pollution, chemical fumes, or dust—also may contribute to COPD.” <http://www.nhlbi.nih.gov/health/health-topics/topics/copd>

The last time I saw David was in his bedroom. When I arrived at his door, it was hard not to notice all the newspaper clippings and pamphlets posted on it. These reflected his personal views on a wide range of topics, from Veterans' affairs and the military to American nationalistic pride. While it was unusual for people to decorate their doors, it was never listed as an infraction of the house rules. One rule the administration had been adamant about was the open door policy, which directly conflicted with the habits of the tenants, and David was no exception. Of course, his door was left slightly ajar, and when I knocked it opened a little bit further. Startled at first, once he recognized who I was, his tone changed and he invited me in. I was unprepared to face him in his current state. Lying in the bed in his underwear, a t-shirt, suspenders holding up his socks, and more gaunt than I had ever seen him, he clearly did not have enough time to get out of bed for my unannounced arrival, yet tried to accommodate me due to our mutual trust for each other established over the months preceding this event. A large black wooden cross with a metal depiction of Jesus Christ was on the wall behind the bed. When David attempted to get up I reassured him to just stay as he was since I wouldn't be taking up too much of his time. He had been taking his normal after lunch nap and was too tired to discuss much at length with me, yet I did get him to agree to meet up again at a better time and for him to tell me a little bit of what was going on health-wise. He was blunt and said he was not doing well, and that he did not know how long he was going to survive. As always, he asked me sarcastically "how long do you really want to live for?"

Being dismissed by David in his state of illness was not shocking since he had never wanted to be looked at in a weakened state. He sometimes would deny access to care normally given to someone in his condition. Whether this was because he wanted to join his wife in death or because he felt he no longer could be a productive part of society – and thus did not have

anything to live forward to – was unknown to us as caregivers. The challenge was to see him within the confines of the moment and attend to what we could without stepping over boundaries he set forth to protect himself. David was going to die on his terms, not ours. He was simply waiting for the moment of death, willing to face it with the least amount of energy possible to sustain his life. In many ways, David's passing is an example of the acceptance of death by someone being cared for and yet not by a caregiver. In this case, it was me. After he died from complications of pneumonia – the culmination of which saw him entering and exiting the hospital multiple times over a very short period of time – it became clear that the social work coordinator had sent me up to him for a few reasons. The first reason was about accountability. Even if she felt the best option was to leave him alone, the organization demanded records showing attempts had been made to sustain the quality of life of the tenant. The second reason was about teaching because dealing with David's potential death was a lesson held in high value to the social workers. This gave me the necessary exposure to the loss of life required for learning how to deal with it professionally. Finally, it gave closure to the social actors in the caretaking relationship. For if there was no attempt, the potential for guilt or shame was too strong, not to mention the legal implications of neglect if anyone questioned his passing.

"It Kills Me That I Can't Do It Myself!"

David refused the caretaking practices offered because of a series of issues related to his state as a widower, his masculine identity, and his lack of strong social bonds with other tenants. However, other forms of disassociating from death at the facility had different reasons for resisting assistance. David's death was but one version I encountered.

In many ways Ellen was the opposite of David. She was part of several clubs at the center and active in both formal and informal social circles. Her husband had died many years ago,

before she even came to the building, and her status of widow was not an issue for her. Being a former elementary school teacher in Brooklyn gave her a very prominent sense of independence. But at the end of her life, this independence became the attribute hindering the advances of any caretaking practices by the social worker staff or her family. This left both parties in a frustrated position of having someone resist their help who was clearly in need of it the most.

The first time I met Ellen was at the weekly activities class. One of the social worker interns had asked me to shadow her while she led the exercises in the community room after lunch. In a circle we exchanged names and the status of our feelings for the day, and then we began moving our bodies in various ways within the confines of the chair. These chair exercises were modified depending on the audience for the day, but there were a basic set of movements targeting the whole body. Ellen was one of the most attentive students, eager to try new things and push herself when others would stop due to exhaustion. She would also take turns counting the number of sets and sometimes even led an exercise, a role she was able to draw on from her experience as a teacher of young children. If the social work interns had to cancel a class, Ellen was always the first to display her dismay. She frequently let me know that she loved being social and looked forward to coming to the exercise class each week.

After a few months of leading this class myself once a week, I began to notice a decline in Ellen's performance. At first she would turn left when we turned right or watch me longer than she used to when learning a new movement. Then, within a few weeks of observing her off-balance behavior, I began to see Ellen in the social worker office with a visiting nurse. The nursing service had been called in at the request of the family, who had been contacted by the social workers when it became clear that there was a decline in her physical well-being. On this particular day, a home assessment was done by the nurse to measure Ellen's ability to live on her

own, one of the most important aspects of the independent living arrangement. After the assessment, the nurse stopped into the social worker office with Ellen in tow, and left her at the desk with an intern and another tenant as the nurse went into the back office with the social work coordinator. As they talked semi-privately, Ellen, the intern, the other tenant, and I had a casual conversation about what was happening, with Ellen reviewing the events of the assessment. Her mood was low, even a little sad, as she recalled the tests the nurse gave her, and how she did not think she did well on them. The main issues were her sight and hearing. This frustrated Ellen since her capability to process information was sound, yet her ability to do things on her own was diminishing. The hardest part for her was accepting that while she was fully cognizant of the situation, some of the functions of the body were retreating. It was obvious that others were taking notice – that was the worst part for her.

In opposition to recommendations set forth by the nurse, Ellen declined any help from a home attendant that would have been provided through her Medicare health insurance. Harking back to notions of identity KaWing had brought up regarding womanhood and the domestic sphere with this particular population, Ellen wanted nothing to do with the aid of a caretaker in her home. It was one thing to accept help from neighbors and the social worker staff in the hallway or when she was at an activity. But it was a completely different issue to have a stranger in her apartment taking over tasks she felt she could still do for herself. The practical component of taking care of oneself with patience and with the right system set in place for new realities, or disabilities as others would label them, was not unfounded in Ellen's argument for continued independence. Reluctantly, the nurse told the social workers and Ellen how to help her stay independent without inviting a home assistant into her life. These included large print stickers to augment the size of the numbers on the microwave, marking the thermostat with red nail polish,

and making sure her prescription eye glasses and hearing aid were up to date. All of these procedures were established in order for Ellen to see and hear within the confines of her ability without another human being present. These accommodations solved part of the conflict because, on one hand, they allowed the family and larger social circle of caretakers to give aid to Ellen. On the other hand, they allowed her the choice of independence, however limited the reality of her physical abilities might be.

Of the services provided through outside establishments, the bi-weekly trip to the grocery store was one of the most under-used. Every other week, a van would arrive early in the morning to pick up residents from two of the properties owned by the charity to bring them to the store in the center of town. The walk to the grocery store was not lengthy for those with the stamina or other means (car, motorized wheelchair or scooter, etc.) to make the trek back over the steep streets between avenues of Park Slope. One of the few tenants to entertain this service, Ellen took part mostly due to the insistence of her informal caretakers. This was a drastic change from when I first met her, when she would frequently walk about the neighborhood on her own. Yet, shortly after our initial meeting, an incident occurred in which another tenant had found Ellen on the street in a confused emotional state after shopping alone. Hence, the family and social workers pressured her to go shopping with the van service for her safety. Acquiescing to their request, she began to use the van service. Nonetheless, Ellen refused to admit she had any problem at all when she would answer with “I wasn’t lost, I just didn’t know where I was!” This simple reminder to everyone became a running gag among the social work interns, who did not believe she was not lost on that fateful day. The explanation implied was that she did not know where she was at that particular chance encounter on the street corner. In itself, the joke was harmless, yet offered another encounter with the practice of disassociating facts from reality to

fit the momentary faux pas. This disassociation would become a common coping strategy for her to use, one that allowed her to save face, place blame on circumstance, and keep her dignity and autonomy for a little while longer.

Two weeks before Ellen passed, I had decided to take a trip with them to the grocery store to observe the interactions of the van service and was paired with Nancy and Ellen since I had a good relationship with them at this point in time. As the van pulled up, Nancy stopped to briefly chat with other tenants sitting out in the common area near the front entrance as I helped Ellen into the van. The van driver made sure they were buckled in, and we sped off to the other charity-run building on the west side of the Gowanus Canal before making a u-turn and heading back into the northern section of Park Slope where the grocery store was located. Recalling an event from the 1970s, Ellen giggled “When this place opened up it was the talk of the town.” It was one of the first shopping areas in part of Brooklyn with a large parking lot. Her reflection on the past gave me some context to work with, since I was neither born nor knew the Brooklyn she reminisced about. Upon arriving, I stayed with Ellen since she clearly needed help, yet as became evident, would refuse to ask anyone for it. Wandering around several aisles, I began to realize she had memorized the store. If one thing was out of place, she would become disoriented for a few seconds, then after regaining her bearings for the physical spatial arrangements and boundaries of the store, she carried on with finding the items scribbled in a list on the back of a used envelope. Scouring a large section while making do in my presence, there finally was a point where Ellen could not cope with the subtle changes in the placement of goods. Staring for a long time at a large selection of instant oatmeal, Ellen’s eyesight issue became even more apparent to me. Since we were close and I did not want to offend her, I asked her which oatmeal she liked the best, saying the name of the type as I pointed to each one individually. This game

fed into her desire to be autonomous and not appear disabled, and she went along, saying the name of each out loud with me. Ultimately, she grabbed the one she wanted, and we went on to the next aisle continuing the game of me being the eyes and her listening for hints to finish her errands independently. In a way, I became her eyes and ears for the remainder of the trip, an extension of the self that composed the core of the relationship she could have with a home attendant but resisted nonetheless.

A few days later at the Halloween Party, Ellen's resistance to caretaking was brought up once again, yet this time by her fellow neighbors and friends. For the duration of the get-together, one of the monthly rituals focused on encouraging tenants to celebrate American social values, Ellen seemed lost. Several of the tenants came to the staff, including me, to report the situation, which clearly upset them. Up until this point, Ellen's failing health could be hidden to most, with the exception of her most trusted confidantes and the social worker staff. However, in front of all to see at the party, a person who once was active and gregarious was clearly in a weakened position and refused to call for outside help. At first, the telltale signs included bumping into others and tables because of not being able to delineate the boundaries, then not being able to hear others in a conversation and responding awkwardly. Finally, Ellen began to become frustrated with the limitations her sight and hearing, and her agitation was felt enough to cause concern. However successful the party was overall, once the food and beverages were consumed the majority of folk stepped out, leaving a few of my main informants, including Nancy and Ellen. The social workers took this time to discuss some of the issues. It was apparent that Ellen did not want to talk, so she decided to have them escort her back upstairs to her apartment. Before they left, Ellen turned to Nettie and me, shaking with what could only be described as a mixture of sadness and anger as she vented her frustration by whimpering "It kills

me that I can't do it myself!" as she raised her hand with a napkin clutched tightly. Once Ellen and the social workers had left, Nettie and I chatted about the possibilities of what could be done for Ellen, with her agreeing that the use of a home attendant would be one of the most readily accessible. This was entirely up to Ellen, in spite of Nancy's insistence that "She just isn't ready for it yet." Ready or not, Ellen's ability to function autonomously was now at the mercy of the gossip mill and would forever be questioned by all caretakers involved, whether neighbor, family, or charity staff.

The last time I saw Ellen was rather briefly in passing somewhere in one of the hallways. However, we were able to talk on the phone a few days later when I called before lunch to ask her if she wanted to come to the exercise class that afternoon. Her voice hoarse and low, she told me she had a cold and was not feeling well at all. When I pressed to see if she wanted someone to visit, she declined the offer and informed me that her daughter was arriving shortly to take care of her with a fresh supply of medicine from the pharmacy around the corner. In her weakened state it was too difficult for her to leave the apartment, and yet she expressed regret that she could not make it to class, something she looked forward to do and that made her happy. That Thursday we were on the phone for longer than I had anticipated as she described her illness and emotional state to me, something she would have only done with a person close to her. I took our interaction as a sign of the rapport between us. When I arrived to the office Monday morning, four days from the phone call I had with Ellen, the social work coordinator was saddened to inform me of her passing.

In the words of the social work coordinator, it was a violent death. She felt terrible about how Ellen had died so quickly and without the normal signs and features associated with death as it happened at the facility. It turns out that after I left for the day on Thursday, Ellen's daughter

came into the office to discuss her mother's situation with the social workers. The daughter was frantic and extremely concerned that her mother was dying and only had a few days or weeks to live. The caretakers in this context chose to override the concerns of the tenant, in this case Ellen, and decided to intervene beyond her wishes. Since her mental faculties were present, regardless of her physical state, she could still refuse to go to the hospital as she did. Her daughter and the social workers, then, decided to wait over the weekend to monitor her to see if her status became worse. If the results of waiting proved to be negative, with her condition worsening, they would call an ambulance and have a more serious intervention. This never happened, however. Instead, Ellen decided to go to church on her own that Sunday morning. On the way there, she fell near the wall protecting the property and surrounding the gardens, hitting her head and bleeding out due to her prescribed use of Coumadin⁴⁸. No one saw Ellen lying on the sidewalk for some time, and when the ambulance was finally called, the EMT pronounced her dead on arrival (DOA). She never made it to church, and the social work staff and I regretted that we did not pressure her to obtain a home attendant. Home attendants commonly go to events with their charges, and Ellen would have been with someone who could have helped her or alerted healthcare services sooner if she had fallen. Alone, but a few feet from the entrance to her home, she died on a Brooklyn street hidden from view. All of this was preventable, in the minds of the social workers, who exclaimed their grief over this tragic event. Yet it cannot be understated how Ellen died was the way she wanted to live: independently, doing everything on her own, even if it killed her.

⁴⁸ The familiar namebrand is also known generically as Warfarin. This is the most commonly used anti-coagulant, or blood thinner, given to patients with heart disease to prevent stroke.

“She Came Home to Die”

As I have tried to explain through the use of my presence in the lives of my informants, the possibility of death was neither never easy to discuss nor to accept for those engaged in the social field. Yet death did occur. As a matter of fact, it was much more common at my field site than I had anticipated from my previous ventures in elderly housing. There are many reasons for this, some of which included long-term health issues from various disabilities (from autoimmune syndromes to spinal deformities to accidents in their youth, all of which had left them wheelchair bound), to specific chronic diseases developed later in life (heart disease, stroke, and emphysema being the most common) or certain acute ailments developed in part due to their fragile immune systems (as it happened, a laryngitis infection took one person’s life when the bacterium overwhelmed her system and became out of control). However difficult for me to endure, having experienced the death of informants was all in all a serendipitous occurrence. In my case, what was unfortunate was to experience a wave of losses of more than a dozen people.

Since my time spent with tenants focused on the white population, many of whom had been at the building for years, I was bearing witness to their time there as they aged out. There were three main ways this happened. The first, and rarest form, was when a tenant would move in with family who became their full-time caretakers. The second, and most likely, scenario included hospitalization or rehabilitation where the individual never returned to their apartment because they were transferred to a full time care facility. And of course, the third scenario was death.

Downstairs in the public kitchenette was where the ‘Good Old Days’ club met. I met Shannon there for the first time. The social work coordinator had started this group to meet once a month for those interested in reminiscing about the past. While the club was open to all, only a few white women attended, including Shannon, Ellen, and Nettie. The day I came to observe

turned out to be the last time they met since by the end of the meeting it was apparent no one was really interested in meeting in this capacity any longer. On this afternoon, it appeared as if they were either mad at each other or the social worker. By the end of the meeting, it was decided the group would be dissolved unless someone wanted to take over as the leader. No one stepped forward, and they all dispersed into their normal after lunch routines. But not before a few jibes were taken at neighbors who clearly had spent too much time together and knew too much about each other. Using humor to disperse some of the hostility, Shannon made various jokes, one even directly at the role of the social workers in the building, which infuriated the social work coordinator. Later, when all the tenants had left the room, I was told that Shannon was “a trouble maker” by the social work coordinator because she was constantly attempting to uproot social cohesion. On later interactions I had with Shannon in private, it was obvious to me from her life history that she had been a battered woman in a dysfunctional and domestic abuse-ridden home before arriving to the center.

As I would later find out, humor and sarcasm were Shannon’s main strengths in resolving conflict. She regularly used these coping strategies in line with her wit to dispel negative conversation and gossip. Clearly, she had learned to fend off abrasive behavior over a lifetime by being clever, and this characteristic enabled her to defend herself from aggressors. As I have described before, coping strategies that were once useful throughout the lives of my informants sometimes did not allow them to adjust in their older days. In spite of protecting her, Shannon’s survival instinct isolated her within group settings. Her ability to see through social hierarchies and practices that were meant to create and foster unity across the layers of difference, normally a source of resiliency over the life course, slowly became a point of contention and a weakness as she aged. Partly due to her lack of fear to speak her mind, the humor used to make fun of

others could also be the very same words used to offend and agitate those in her immediate surroundings.

Exactly why Shannon refused to be part of activities is still a mystery. She was constantly coming down to the social work office to hang out and chat, telling me about her two cats Fred and Barney (a reference to the cartoon of the 1960s, *The Flintstones*), her family, and her life growing up and raising a family in Brooklyn. The mystery, at least for me, was presented in her seeming lack of a desire to participate fully in any activity created by the social workers and volunteers. Perhaps this was simply part of her resistance to submitting to any sort of role where she was being taken care of by outsiders. Her behavior mirrored one who was evidently searching for interaction with others. In Park Slope and the adjoining Windsor Terrace, it was evident in that she went out to many parts of the area constantly while others limited themselves to the social spaces within the building. She was often on her way in or out from some destination, whether to the doctor's office, the shops along 9th Avenue, the park, or church. Some of our best conversations occurred in the hallway heading to the elevator when she would catch me on her way upstairs. Fairly popular among the white population, Shannon would sit in the front on the bench with some of the ladies or gentlemen, always making jokes about the "Chinese" or the workers, and she was able to get the small crowd roaring with laughter. For this attribute alone, people tolerated her wicked sense of humor, even though it touched on painful truths about their lives. These could have been about the reality of the situation with influx of the immigrant non-English speaking population, with the caretaking roles of the social worker staff, or of the inadequacies of living in a Section 8 housing unit in poverty surrounded by the yuppies paying outrageous fees for what was her entire life a modest property.

Over the summer of 2013, Shannon began to complain of issues with her voice. At first it seemed like an upper respiratory infection, something akin to bronchitis or pneumonia. After she became bed ridden with this ailment, she finally went to the hospital for over a week. When we spoke again, Shannon had almost no voice at all, and instead she was able to just utter a low, raspy whisper. The story floating around the halls was that her voice box was damaged from laryngitis, and the symptoms never went away. This had an enormous impact on Shannon's ability to be the joker in the group, and while claiming she felt physically fine, her level of participation with other tenants slowly diminished. At first, people were accommodating to the low level of conversation and the strain required to listen to her now soft-spoken mannerism, yet over time their patience for it began to wane.

The last time I saw Shannon was at the Halloween party. After three months she had still not recovered her voice. In attempt to make up for the lack of conversation she could have with others, she was dressed up as a witch and carried a flashing, noise-making wand. Throughout the gathering, she mostly sat in the corner near the drinks and would put on the wand when she wanted to grab someone's attention. However, not being able to respond in a crowded room with her throat condition, she was basically isolated from conversations beyond simply listening to topics or concerns raised by those in attendance. In the time from her initial hospitalization to her death, which lasted about six months, Shannon would not accept help beyond the most basic necessities from her neighbors. It did not help the situation that she had a complicated relationship with the social work staff, yet to my knowledge this did not impact their responses to her plight and condition. As far as I could tell she was receiving the usual course of treatment for someone resisting caretaking. This resistance took also a more or less routine path, similar to the cases of David and Ellen: avoiding help from the social workers in obtaining basic services

such as a home attendant. Instead, she relied on her family ties, who in an act of good faith the month before her final hospitalization had taken away her two cats because of fear she was too sick to take care of them. This further set Shannon on a course of isolating herself from the rest of her past social network, finally limiting her engagement with all communal events until she passed away.

Another bout of the common cold sent Shannon to the hospital at the end of December. After she had returned for a week, it was announced she had died at home in her apartment at the center where she had wanted to be in her final moments. This I found out in a serendipitous way while in the middle of interviewing another tenant who broached the topic by saying it was sad to hear of Shannon's passing. Yet, while facing death was upsetting, at least "she came home to die," was added to comfort the revelation. This was in reference to Shannon's apparent pledge to stay at Shady Grove Apartments until the end, and not die in the hospital like many believed would happen. Upon insisting on returning to her apartment from the hospital, whether she knew it or not, Shannon's wish to die at home would come true. She lived only another week after the Christmas holidays, and dying eight days before her 80th birthday.

In an act of remembrance of her life, Shannon's children posted pictures of her on an easel at the funeral parlor and later at the geriatric complex for a short time for all to see. These photos were from various times in Shannon's life, beginning with childhood and ending at a party in the community room. There was even one picture with her holding an over-sized remote control with large buttons. A recent Christmas present, the remote was in reference to a running joke between her children about Shannon's declining eyesight. Most of the pictures depicted scenes from her life in Brooklyn with her children and husband, and a few were chosen to showcase her close friends before moving into the center as well as her life in her final home.

Nevertheless, all of them showed her laughing and smiling, a posturing that showcased characteristics of her personality in what many would remember her for: resiliency, humor, and wit. For someone whose whole life was controlled by abuse and hardship, her death would be managed as best she could muster on her terms, and most definitely in her own space.

Overall, these encounters with death and dying brought up more questions than I have found answers to. They have had a profound impact both on how I continue to view and reflect on my research subjects and the social realm in which they are embedded. Dealing with loss is never easy, and humans have devised many ways in which to share the grief of member's passing in various rituals, some celebratory and others commemorative, as attested in the anthropological record. In this particular context, neither a festive encounter nor a remembrance activity took place. Instead, the quick disassociation of death occurred for lost members as a socially sanctioned coping strategy to deal not only with the loss of an individual, but also the shrinking of the minority white demographic. The passing of members was announced in a solemn manner, with the name of the funeral home and time of formal service that occurred outside the building, and within a week no one was discussing the dead beyond brief and contracted recollections in passing. On one hand it allowed group members to move on in their everyday life among the complex cultural practices as a direct result of the range of ethnic diversity in the building. And, on the other, it served as a painful reminder of this very difference that was overtaking their home.

In contrast, death was expressed in a vastly different manner in the "Chinese" population, where celebrations were marked in the basement communal space or behind closed doors in neighbors' apartments. While the focus of this research was the white, English-speaking population in the residence, the way others handled the passing of group members became a sore

note among my key informants, who were interested in these deaths and yet also bothered or threatened by them in some way. The way they identified the ethnic other had a lot to do with their reactions to this topic, and while death and dying were not meant to be the main focus of this research, I could not ignore it once my research subjects began passing away. A painful reminder of the finite limits of our existence as human beings, and the sometimes fallible preparations of a novice, I now realize how unprepared for the field I was compared to the social worker interns with training in how to deal with loss on such an unanticipated scale.

The short interval for public mourning allowed at the center allowed the denying of death to occur. And, by forcefully forgetting the events that led to one of their own passing, the white, English-speakers' collective amnesia functioned in a conflicted manner to help them cope as a group with loss. The emotional pain associated with grief work has been well documented as an all too powerful motivator of human behavior. Collectively, discussing loss in the public realm became less apparent within days of the burial of the deceased. This diminished public mourning period was an effective coping strategy that allowed attention to be returned to daily life without interruption. Additionally, the attention turned away from their diminishing collective future. Out of sight and out of mind, the emotional backlash of having to reflect on their own demise was put away for another time. Individually, however, coping with death was an entirely other issue. If the individual had a strong relationship or bond with the deceased, the pain of loss could take its toll. Hence, individuals were left vulnerable to their own feelings when alone because of the tendency for others not to listen and engage in conversations about the dead. This limited the tendency for the tenants to embark in a collective fashion about the death of members, as seen in other societies and localities. It was a missed opportunity to possibly share the anguish associated with a group members' demise.

Having training in the coming and going of people, the social workers were the most equipped emotionally to handle death. Their ability to cope with the passing of tenants was followed by the administrative staff. From what I could ascertain from narratives of the tenants and administration, previously the administrative staff had much more informal relations with the tenants. Over the time I observed them, the policy enacted by the new housing director leaned more and more towards a process of curtailing those interpersonal bonds, which included the means to establish rapport with tenants. This was accomplished by forcing a more professional and formal relations among staff and tenants to take place. In terms of the function of a bureaucracy, where power lay in the hands of those outside the physical interactions of the building, the professional demeanor demanded by the new housing director was in line with an attitude and behavior change that further segregated tenants. Work became less about helping tenants out with day-to-day tasks and concerns, and more about acting as surveillance to help the bureaucracy run efficiently, thus removing the contact between persons to force tenants to be self-sufficient and self-regulated. This professionalization of the establishment began to isolate tenants from those caretakers they depended on for everyday comforts, which were really small acts designed to preserve their sense of independence. Effectively, as the social work coordinator would constantly remind me, it forced tenants to become more dependent on familiar relations and neighbors, when possible. She believed this to be part of an economic push from the government in order to not pay for the needs of those under her care. Eventually, as she would explain to me many times, with the lack of care available at the facility tenants would become totally dependant on familiar obligations. This is because their fragile states of being could be exposed to outsiders, which was one of the greatest fears I observed in relations with tenants. Thus, if labeled dependant, tenants would become ineligible for residency under the mission

statement and moral codes established by the charity of an independent living facility. Moving out would not be a choice they could make for themselves under these circumstances. This was often the case when a tenant who had gone to the hospital would later be transferred to a full time care facility instead of coming home.

Chapter Summary

Moving out was not an affair to be taken lightly. Nor was the perception of being dependent. Perception is by definition the way people see the world and is subject to the norms and values embedded in the structure of social practices. Location in the social hierarchy is but one of the many factors that influence the experiences of individuals in any cultural domain. To some degree, the individual, as well as the collective that they belong to, can control some of these factors. Others, however, are completely out of reach for all involved. The degree to which social actors possess control over the outcome of their existence was vital to understanding the sets of behaviors that arose near the end of the life cycle.

The dilemma faced by caretakers in this situation was confounded by the access of care individuals required. The increase of services needed for tenants' survival inherently posed a threat to their autonomy. Resistance to help was a common factor across the case studies in this final chapter. Assistance from social circles either within the institution or from outside sources was readily available. Yet, the ability to have control over one's final moments took precedent over any help offered. Individuals made choices about what types of services they wanted to participate in to the degree that it did not limit their autonomy. Defiance of caretaking practices designed to alleviate burden in this context was the agent's way of controlling their final moments.

In spite of support systems created by the caretaking practices at the geriatric residential complex, some problems were discussed perpetually with no solutions in reach. Unfortunately, death was sometimes the only viable solution. In spite of their various issues, the way individuals coped with end of life matters was comprised of a set of circumstances unique to their life histories and personality traits. However, there were some overarching themes that emerged from their last days. This collection of situations included tenant's distance from family and other kin, as well as their ability to manage caretakers and their own needs.

Part Three: An Impression

VIII. Acknowledging Death

Accepting the loss of members is never easy, yet necessary for a collective to continue. As the anthropological literature points out, there are many ways to display grief and mourning attributed to the death of members and dying of a collective that are situated in embedded social practices of a particular place and time. At Shady Grove Apartments, a disassociation from the realities of facing death was found in both the reactions of the residents and administration. Social workers were left to cope with the aftermath of these incidents, including the emotions stirred up as loss became more evident to tenants. One of the main adverse effects blamed on the shift of power bestowed upon the new housing director was the change in policy of the bureaucracy within the facility. Directed towards tenants and staff, the new rules implemented inadvertently created an environment where disassociating from death became easier to do. At the same time, there were dissenting opinions that the new direction taken by management was too entrenched in a business model that glossed over human elements. At the forefront of this debate was the sensitive subject of loss on multiple levels.

Some of these changes included staff assessments, which highlighted the altered relationship between the new director and the entire staff. Partly done to reassure control over all staff and the facility – as well as to make sure individuals' jobs were standardized across the two centers managed by the new housing director – ultimately the assessments were regarded as harmful to morale by those now being criticized for work for which they had been praised for in the past. In a retaliatory letter sent to the main charity management structure located in downtown Brooklyn, the social work coordinator explained her displeasure with the new housing

director's appraisal of her performance. In an addendum to the appraisal required by the TCC's downtown office, she passionately articulated:

At Shady Grove Apartments and other buildings for seniors, the level of case management has increased in magnitude and in number. More and more tenants have Alzheimer's [Disease]. So many who live alone are so frail. I spend a great deal of time watching over them (and formed a WATCH OVER ME SQUAD where by tenants watch over those who could benefit from check-ins). The deaths of tenants also impact on others, and helping them deal with death is also a social work issue. Often the interventions and outcomes made by social workers are not visible. We are usually on the front line, quite visible and available to clients. But our work is often invisible to others, including management. I believe that since working/supervising a social worker professional is a new experience for the new housing coordinator, he is unaware of the scope of work and the level of expertise that comes out of my office. My goal as a social worker has been to [em]power people as they age. This is my guiding light every day at work.

The goals brought in by the new housing director – which focused on economic viability – were at odds with the social work model – which focused on social integration. The social work coordinator's plea stresses the communal benefits of forging relationships across groups and hierarchies. The top-down model as superimposed by the new housing director was not accommodating to this view. In addition, there was scorn towards the rigidity of the new policies brought in from someone without a background in gerontology, which was part of why this letter was drafted in the first place. Claiming authoritative knowledge over the social realm of the elderly tenants, the social work coordinator emphasized how death had such an enormous and yet largely misunderstood impact on everyone. Social workers were not immune to the effects, of course, and neither were the rest of the administrative staff, who had courted relationships with the recently departed. This added another complicated layer to the controversial new rules being laid out. Resistance to these internal changes within the facility became entrenched in a discourse of insider versus outsider privilege. The social work staff,

administrators and tenants became enraged by the fact that rules were made by someone with limited contact with the everyday affairs of people in the building.

Visibility became a common theme behind the gripes with the new housing director. Yet what was visible or invisible depended a lot on who was speaking and on what topic was being addressed. The social workers were often quick to remind me that while their presence in the facility was visible, somehow their work was invisible. There were many reasons given for this hidden workload. Mostly, it came out of the idea that the role of the social worker was entrenched in a gendered binary. Here, the tasks of the social worker were considered woman's work, and thus not real or not paid appropriately. Death, too, was both visible and invisible. It was visible to the social workers because they had to deal with the social consequences of the deceased. These consequences could be as huge as legal and ethical dilemma of cadavers in bedrooms to family members illegally residing in the homes of their dead parents. Still, the social reaction to death was invisible, for lack of a better word, because of the reactions the residents had to the passing of their neighbors. This ranged from an initial shock and disbelief to the complete withdrawal from mentioning the deceased names in public.

In an attempt to expand on her expertise and knowledge about death and dying in other cultures and institutions, the social work coordinator applied for a grant⁴⁹ to go to an international conference dealing with end of life concerns. As a Licensed Clinical Social Worker (LCSW) with experience working with diverse geriatric populations in a variety of settings, it was hoped that her expertise in both informal and formal caregiver issues would make her a good candidate. With this reasoning, she hoped that the conference would add to the many discussions on death and dying that were the central part of the social work office and which took place in

⁴⁹ Unfortunately, she did not receive the funding, yet I was given permission to use the application, which I co-wrote with her. This summer seminar was to be an opportunity to share in-depth understanding about elder care in the United States. This document, thus, describes in great detail the complex nature of relationships between social work staff, tenants, and administration at my field site when it came to the end of life.

the facility. Given the cross-cultural component of the seminar, with a large range of societies being represented, she also hoped to find information on how to handle demographic shift, the influx of difference that made life in the building difficult.

As the social work coordinator explained, her career as a geriatric social worker in the fields of hospice work and palliative care had presented many challenges over the years. However, with then still recent passing of the old housing director, she had begun to reflect on her time spent helping others as they age as well as her own experience getting closer to retirement. According to her testimony in the application, this had “stirred up an interesting juxtaposition of feelings since I am now approaching an age where I too will soon be considered a senior citizen.” For better or for worse, even with all of her experience dealing with the death of clients over a thirty year span, the practice of self-reflectivity which she had utilized many times to overcome the grief of loss from death had its limits. And this limitation was made more painful with the thought of her own demise, especially because the trauma of loss of someone to whom sentimental ties were close. At the end of the day it was interpersonal and relational proximity to the deceased as an administrator for the elderly tenants that caused the pain of loss to bleed into her professional gaze. The skill of a licensed expert demanded a disassociation of death for the continuation of taking care of those expected to die. Further along in the application, this description of the concerns of growing older within the confines of the healthcare system as set up in the United States became more obvious. As she articulated to me many times, and wrote in this application “When I first began working with older populations I was much younger. Finding myself advancing in age along with my clients brings to the forefront the many recent changes in the American healthcare system in regards to services for elders as these affect my life as well as theirs for the first time.”

Inadvertently raising a question found in social scientific research – that of the trend towards a modern philosophy of autonomy and responsibility, ignoring the social sphere – became one of the pressing matters later discussed by the social work coordinator in her application. She claimed this change in philosophy applied to most of her “clients’ experiences in their day to day lives.” Along this vein, she wanted to attend to better understand how other attendees of the conference, most of whom would be working professionals in the field of gerontology, would deal with similar issues pertaining to the end of the life cycle within their systems of healthcare delivery. If the conference was to accept her, the charity would expect a best practices plan to be delivered to the facility in which she worked. And perhaps it would want her to share the knowledge among the other centers experiencing more or less the same problems demographically. With this justification in mind, she discussed some of the challenges she thought relevant to her own work and the training involved with caretaking:

This is especially true for social workers dealing with changes in the American medical model, where policy for the medical assistance programs (e.g., Medicaid and Medicare) are making it harder to stay informed for both professionals and clients. From cumbersome procedures when attempting to obtain correct information, to issues with access when everything is moving towards digital formats, elders may find themselves lost or overwhelmed as they wait for longer amounts of time to receive the very services they deserve at the end of their lives. The applauded Health Insurance Portability and Accountability Act (HIPAA) has, perhaps unknowingly, made it very difficult to access service and information. The social worker has had to change along with these policies being implemented by the state and federal governments. Yet, for all the training involved in becoming a professional within the higher education system, there is not always a lot of emphasis on gearing the workforce in the United States to cope with the social and economic realities of diverse urban populations. Only recently have schools of social work begun to address issues of death and dying. These conversations focus on the elder population and those who are receiving hospice care, but these issues are not constrained to any particular age-group.

In ending, the application detailed some of the particular circumstances at the charity-run geriatric complex to demonstrate her need to attend. Once again, emphasizing the ways in which conversations about death and dying were discussed across the various interpersonal relations

generated by residents, she accurately pinpoints one of the problems faced by all of them, one articulated with a disassociation of death as a matter of fact. Disassociation from death was the status quo for those living in the building, a coping strategy used to deal with the loss of neighbors, while simultaneously having to face the thought of one's own passing into the unknown. Touching on the issue of bringing death into the forefront of conversations about life, the caretaker's role as initiator of the conversation remained evident, as she points out the inconsistencies in the larger societal pattern as she experienced them:

In the independent living facility (where I am the senior supervising social worker and an instructor at a university school of social work) the seniors living here usually do not engage in these topics with family, clergy, or physicians, except perhaps with the social worker who initiates conversations when appropriate. Yet residents from the building do die regardless of conversations or not. The impact of a neighbor's death is palpable. Residents often become uncomfortable to the thought that a neighbor's death brings them closer to their own passing. The conference would provide an opportunity to explore ways of initiating conversations with not just those who have a terminal diagnosis, or who are old. When, where, and with whom should these conversations begin? In New York City, it is essential that cultural and religious views about death and dying be woven into various dialogues. And while academics, physicians, and religious leaders may have a head start on understanding these issues, it will be the social workers on the front line, facing diverse populations, their families, and the health care system.

The social work coordinator's desire to engage in difficult conversations with the tenants before they reached any critical health crises and concerns is a proactive stance. This stance is in line with the basic tenets of the profession: the social worker is supposed to help with the construction of a social order surrounding any given topic or theme they thought best for the quality of life to flourish. Once this was accomplished, then they were to step away as if they were never there, acting as the catalyst for interactions among neighbors, friends, and kin to occur in a more or less natural manner. About the idea of death, social workers were limited in their ability to discuss it with tenants. This brought an overwhelming challenge when social workers were trying to bring together all the components to acknowledge that a tenant was

approaching the end of their life. The central question of where and with whom the conversation about the end of the life cycle should be started was one unique to each domestic unit in the facility. It had to be approached on a one-to-one basis. Yet, the tenant coping strategies tied to disassociating from death acted as a hindrance to potential caretaking practices available.

Identities in Transition: Coping Strategies at the End of the Life Course

Coping strategies are situational and aid the social actor in times of stress; yet can be maladaptive depending on the circumstances. One size does not fit all, and certainly this is true for sentimental reactions to external stimuli. “Stubbornness” was a common personality characteristic attributed by many of the administrative staff onto the residents when discussing their personal struggles. However, I now see this ability to resist the advances of caretakers as a resiliency tactic. What was once an adaptive quality to possess during times of upheaval over their lifetimes could become detrimental to tenants in their later years if it did not align to their present needs. This attribute of standing their ground and not allowing others to take power and control away from them was perhaps useful. This was especially true when adapting to the changes in Brooklyn, which was once a place where tenants needed to struggle against economic hardships or high crime. Being “stubborn,” to use the caretaker’s term for resiliency, then could be seen as a double-edged sword, and not just for the later years in life. It certainly played a central role in the struggles between society and the individual as expressed in the interactions at my field site. Stubbornness could protect the individual or harm them depending on the circumstances, and, most importantly, it affected the way people acted toward the end of the life cycle. One consequence was a disassociation from death, either from those getting closer to dying in the form of resistance or from those in charge who “protected” life by ignoring the individual’s wishes not to receive help.

According to the classification of coping strategies explained by Valliant (1977), my informants expressed multiple ways of dealing with the stress of life at Shady Grove Apartments. These distributed across levels II, III and IV. I did not encounter any Level I coping strategies that would be classified as pathological except for cases of advanced dementia or Alzheimer's disease. Informants expressed Level II coping strategies that would be classified as immature when combating what they felt were unfair rules by the administration or benefit/entitlement funding mechanisms. These included projection of anger/frustration onto staff, passive aggressive statements said in public places about the charity, and acting out of the range of expected behavior during community events when caretakers were attempting to help. Informants expressed Level III coping strategies that would be classified as neurotic when addressing issues of others in their peer group. These included the intellectualization/rationalization of accepting care or not, a dissociation of the death of peers, and the repression of grief with the lack of mourning practices at the facility. Finally, Informants expressed Level IV coping strategies that would be classified as mature when interacting with friends and family in small groups. These included using humor and making jokes with friends and children, altruistic tendencies across kin groups and close friends at the facility, and the anticipation of change in one's life.

Inline with the psychosocial approaches underlying *disengagement theory*, disassociation would be an expected method for elder populations to cope with their new role in the social order. As informants ignored direct and constant engagement with the subject of death, they further denied any obligation to the members who had passed. American cultural values, at least as idealized and enacted by the tenants of this residence, may have had an influence on the ability to show an interest in such public displays of affection towards death. The enactment of

the past to change the present lends itself to the activity and continuity theories prevalent in aging studies. In fact, this research demonstrates the three intersect in unique ways. Dismissing one for the other is an irrelevant argument, and the picture painted here encourages a mixed theoretical approach that highlights the significance of each of the three major aging theories in specific time frames. The particular space appropriate for disengaging or for continuing to assert one's past skills was a personal affair for social actors that depended on the context. Tenants' mental and physical conditions determined when they would exhibit defiance towards an otherwise shrinking autonomy. Their ability to cope with the multitude of tragedies in everyday life, especially in regards to sickness and dying of others, was dependent on their ability to project a vision of hope that their sense of self would be preserved in the future.

The already limited autonomy experienced by tenants in the geriatric complex made them sometimes doubt the usefulness of accepting aid. Regardless of whether help was necessary or not for their everyday ability to function, the fear of losing oneself became an obvious threat to their sense of self-identity and overrode all perceptions of benefits emanating from the one-on-one caretaking arrangement. This reaction has been noted in other ethnographic accounts (Costley 2008) where maintenance of an ideal sense of self becomes inconsistent with the self-at-hand. The implication of this discrepancy to the benefits of welfare services is obvious throughout the discourse on the end of life. The inability to cope with the dying of members systematically took an emotional toll on the collective. It also acted as an economic stressor to systems paying for caretakers. By not confronting the inevitability of dying, both those in the support system as well as those using it were forced to proceed with procedures for the preservation of life regardless of the cost. This contrasted to the advocacy by the social worker staff of such institutions as hospice, whereby palliative rather than curative care is given.

Acknowledging the end of the life cycle creates a space for individuals to openly discuss the event and the consequences, both to the individual and to the collective, as seen from this perspective.

Over the life course, the use of space in residences changes because the necessity for them is adjusted. Priorities over time shift to accommodate the needs of the occupant. One defining feature of getting older is the shrinking of residential space in the home (Scripps 1997). For the tenants of the geriatric residential complex, their current apartments were a part of this cycle. Smaller to a degree when compared to the places they lived before moving into the facility, the prospects for my informants included a future with additional loss of space and the ability to take care of it on their own. This caused the tenants to be guarded about losing what they had. Autonomy over their domain became a defining feature of the conflicts at the heart of their collective coping strategies.

The anthropological record has an impressive amount of information on the topic of aging and the complicated nature of human interactions. This record ranges in breadth from the structure of kinship relations to the notion of collective behaviors of groups within institutions. The overarching socio-economic forces outside of all these groups' control should not be ignored. Underlying all of these interactions is the exchange of resources, regardless of the emotional responses emerging from social actors or the institutions governing them. This holds true whether the focus is towards the degradation of the ideal self or the transference of blame onto the other. From the literature, the main strand relevant to studying an institution of this complexity involves the sentimental power of social control among individuals and across groups. This includes the concepts of emotional control (Myerhoff 1980), the very nature of personhood (Ewing 1990), and the struggle between independence and dependent states of being

(Giddens 1991). In regards to emotions, sentiments, and affect within any social realm, these defining micro features of humanity are sometimes viewed as “warmer” aspects, even if they are not always used for warm or positive purposes. The defining feature of the anthropological record is its ability to reflect on these processes and view them in a more holistic way as part of a system of exchanges. The death of one community and the formation of another becomes the focal point of a study on identities in transition within this independent living institution.

Theory on social tensions arising within discourses on dependence and independence was an excellent point of departure that guided the study. Because resistance to external controls exhibited by the tenant population could potentially mirror their perception of their own degree of autonomy, understanding these perceptions gives greater meaning to their plight. The various roles and subsequent responsibilities of the many different caretakers at Shady Grove Apartments affected the ability of tenants to make changes, for themselves or for others. After all, roles are like fences, they allow freedom of choice within a limited restricted space. The discourse arising out of these reactions to multiple forms of control take on new meaning that is supported by the theoretical framework of self-identity. The tremendous shift in management of the housing unit – focusing on efficiency over a positive, supportive atmosphere – did not always aid tenants directly (Vesperi 1985). This directly refuted social practices vital to their collective sense of self. Subsequently, how individuals reacted to these controls can best be viewed through the lens of the social construction of personhood and the ways rituals and social memory function in attempts to preserve social bonds. In this context, disengaged reactions from member’s passing did not help individuals confront the grief work involved in mourning practices. This contrasts to other public mourning practices that act to dissolve tensions among group members and by reaffirming social bonds (Roseman 2003; Gamliel 2004).

Disassociation from of death had consequences for all involved. Yet, when the topic was broached, the social workers and administrative staff believed it was best to keep the status quo. From the caretakers' perspective, it was better to focus on those living than to raise concerns about the dead. By doing as was expected of them when faced with the passing of a resident – which was to remain silent – the feelings of those surviving were respected. As Panourgíá (1995) has noted, over time social memories about members' passing challenge the self-identity of any collective. Letting the dead pass silently avoided bringing attention to the social realities of the emotionally charged demographic shift. The importance of the effects of social memory on tenants' ability to cope with change cannot be understated. This was clearly demonstrated in the constant reminders of my personal experience being mugged outside the facility. In part, the purpose of reminding me was to show an empathetic bond between us. Through re-sharing this repeatedly, they enacted cues about a shared collective past. Repeating stories was important at times and helped tenants to connect with in-group and out-groups that included the staff, each other and me.

Final Thoughts and Discussion

In the first chapter of this dissertation I described theories of aging. By describing prior research about aging studies and their implications to the discipline of anthropology, I began critically thinking about the environment in which my informants reside. On one hand, these theories contributed to my understanding of the importance of anthropology as a humanistic discipline that opened new veins of thought for me. On the other, my own knowledge and experience with older urban dwellers gave rise to doubts about my ability to capture the essential qualities of everyday life to demonstrate these theories in action.

The multiple paths allowed using a method like participant observation led me to ask better questions about how my informants live. It also gave me insights about the larger and external economic, physical, and social structures that affected my informants as described in chapter two. Not limiting my scope to only those residing inside Shady Grove Apartments helped me demonstrate exactly how pervasive the sentiments ran. These dislocations were often perceived to be on an ethnic level by tenants, but socio-economic class distinctions were much more relevant to the process occurring in Park Slope. While recent immigrants were taking apartments in the geriatric residence, the higher classes were buying the apartments in the area surrounding their home.

My skepticism re-directed my focus to the data generated through interactions with my informants. The third chapter required me to analyze my own sense of self in order to fashion a research agenda. To conduct such an investigation, I found it useful to review the ways my maternal lineage and family's link to Brooklyn as a socially defined entity has impacted this endeavor. In many ways, self-reflection helped me realize my limited understanding of the people in this urban enclave, even if initially my kinship ties and their unique histories aided me in gaining rapport with informants.

Within the confines of this independent living complex, these external economic, physical, and social structures sometimes took on new meaning. Shadowing social workers, as described in chapter four, allowed me to see multiple inconsistencies experienced by staff and tenants. These inconsistencies would shape the discourses and practices around issues central to identity and belonging that arose as a reaction to them.

Economic and social welfare is a central component of the domestic unit. The degree to which kinship ties were maintained effected how tenants relied on the caretaking offered at the

facility. In Chapter five, it becomes clear that the stronger the ties to kin, the less likely tenants needed to participate in caretaking practices. In addition to their social standing with kin, their ability to secure outside funding was limited by their social status as a non-immigrant. To the dismay of my informants, the unbalanced compromises made in public policy realms favored the status of recent migrant populations who received higher benefits from governmental welfare sources in comparison to those native to the United States, Brooklyn, or Park Slope.

Chapter six is a testament to the complex nature of relationships fostered among various social actors residing there and those charged with their care. The shift in leadership had a lasting impact on institutional control among social actors. The lack of attention to individuals and a focus on imposing rule changes further agitated the decrease in power felt by one ethnic group over another. The ways the tenants coped with their situation was seen in a negative light by some caregivers. These became common strategies for individuals dealing with end of life choices, which is further explored in chapter seven. These limited sets of choices sent ripples through the social sphere and had lasting impacts on tenants and their caretakers. Finally, chapter eight focuses on the central question of this endeavor: what kind of benefits or detriments do these specific nuances have on the quality of life and death for all parties involved?

In conclusion, this study asks more questions than provides answers. However limited the findings are, they do open the possibilities of a broader discussion. Considering how individuals define their self-identity – whether they see themselves as part of an ethnic group, social organization, members of a family, or subjects of a government – to maintain physical and mental states such as in sickness and in health helps to understand the series of choices made. The everyday activities that played an important role in forming the necessary bonds for these groups to coalesce were organized by the administration, specifically the social workers with the

hopes of having the members eventually take over once it was up and running. This notion of creating complex social situations and the structures to maintain them remains an important part of the social work endeavor to help people help themselves.

With dwindling numbers in membership, the outlook for the tenants without a close connection to the dominant ethnic group⁵⁰ was poor if they were not willing to adapt and cope with difference. Many told me they would never willingly adapt, and the social workers often spoke in terms of their eventual passing as the only way to solve the issue. Ironically, my key informants were either first generation Americans with immigrant parents or were migrants to the United States who had made the journey as children/young adults.⁵¹ Their anger towards the “Chinese” population had more to do with their lack of control over their own lives than aggression towards the ethnic other. For there was a time when both the white Brooklynites and the ethnic Chinese would mix. It was when reversal of numbers occurred that animosity towards the other prevailed, which added more complexity to the antagonism between the two groups. This reversed social positioning did not help to integrate the ethnic Chinese at all into the culture of the facility, which was one of the chief complaints for many of the tenants having lived in the building since its inception.

As noted, the effects of aging as a member of an ethnic minority presents unique challenges in addition to the physical and mental fragility normally associated with old age. It is important to consider the labels bestowed on groups as significant enough, yet one of the purposes of participating with people in such an intimate way was to unpack some of the stereotypes fostering xenophobic attitudes about the ethnic other. This study reveals many of the

⁵⁰ In the case of the geriatric residential complex, the East Asian population was the majority.

⁵¹ Since the majority of white tenants were of Irish or Italian descent, it is interesting to note that these two ethnic groups have not always been considered white or European (not in a positive sense, at least). The broadening of the definition of whiteness, and range of acceptable populations into the category, has had many implications for this ethnicity/race label in American society.

fissures in American society that are playing out on a smaller scale at the geriatric residential complex, many of which are tied to an economics of scarcity pitting individuals and any group they self-identify with against each other. The proper use of the lottery system in no doubt had to do with increases in governmental oversight of funding mechanisms. From my key informants perspective, it limited their ability to continue their way of life as they envisioned it. From the perspective of the higher socio-economic classes moving into Park Slope, the lottery system was a way to level discrepancies in the uneven exchange system that kept their lifestyle elevated. By approaching the subject of funding in terms of self-identity, effects of the homogenization of groups can be addressed to show the limitations of not seeing them in very human terms.

The loaded concepts of globalization, gentrification, and inequality do play a role in the overarching themes of this study. Theoretically these concepts underpin the set of circumstances informants were embedded in that led to the current situation at the facility. A lack of understanding by social actors on how they were mired in these social and economic shifts was a source of their agitation. This only added pressure to their daily stresses. Finally, any abstraction about the role of social workers – whose responsibilities pitted them against the structure of the establishment and the emotional turmoil of coping with the changing needs of tenants – required a mixed theoretical approach. This is because the causes behind the shifting nature of caretaker burden lies somewhere between the affect involved in their caretaking practices and the control asserted on tenants by the administrative positions and roles social workers enacted.

Areas for Future Research

In a world where more and more people are surviving for longer amounts of time, it is evident that ethnographic accounts tying together the social implications of sentiment towards the urban environment as found in elderly narratives add depth and substance to the

understanding of aging in place. Moreover, limited studies have shown the effects on affordable housing from this perspective. An increasing abundance of literature on evidence-based medicine has been trending for some time. These well-funded studies that place emphasis on the benefits of socialization do not always include the funding sources required for such activities to be self-sufficient. Instead, they repeatedly demonstrate how the more socially active older people are, the better sustained their cognitive integrity is. This is because over time cognitive decline is less likely an outcome the more active people are with others. With number of older adults expecting to increase in the United States, a closer focus on the micro aspects of the social, cultural, and economic shifts inside geriatric residences would be useful. Further studies would be warranted to include the multiple efforts to assert control of residents as well as the marginalization of certain groups across institutions. Money matters, and the ways in which these housing units adapt to the lives of older adults reveal a lot about the economies of care. This is but one version of the expanding service-based economy integral to the age of late modernity.

The paradoxical movement back and forth of people and things as reflected in the economy of the United States reflects both an American cultural desire to be individualistic while maintaining the status quo for consumer spending and consumption. Studies focusing on how the modes of production have been transformed into a service-based economy as it affects the lives of older adults would be fruitful. Particularly, how these services are tied to housing units as commodities, and the production of work linked to their performance, could highlight any inconsistencies present in an unbalanced economy of care. These broader categories, then, could be described to show how they affect individual affordable housing units. This focus on the economic effects of elder care could help shed light on the shifts outside geriatric residences that relate to the micro shifts specifically within any building (e.g., the management styles of

bureaucratic systems). And most importantly, all of this has direct implications on the field of gerontological social work as it pertains to adjusting services for elderly in this context.

Finally, the coping strategies used by tenants to navigate situations and make adjustments to their life could receive a more in-depth treatment than was possible in this dissertation. Mixed methods approaches that target the entire population at the facility would be advised. There are two distinct reasons for using a mixed method approach in this context. The first is found in the ability to cast a wider net on which to base social analysis. Along with the participant observation that was carried out, a survey or other diagnostic affect tool could help clarify differences and similarities in the tenant population. Secondly, the statistical robustness found in a qualitative approach would have the added benefit of being able to generalize some of the results across multiple sites. Having data that supports the integral components of both the micro and macro elements older adults are facing across the United States would strengthen the arguments made for support of caretakers at this particular site.

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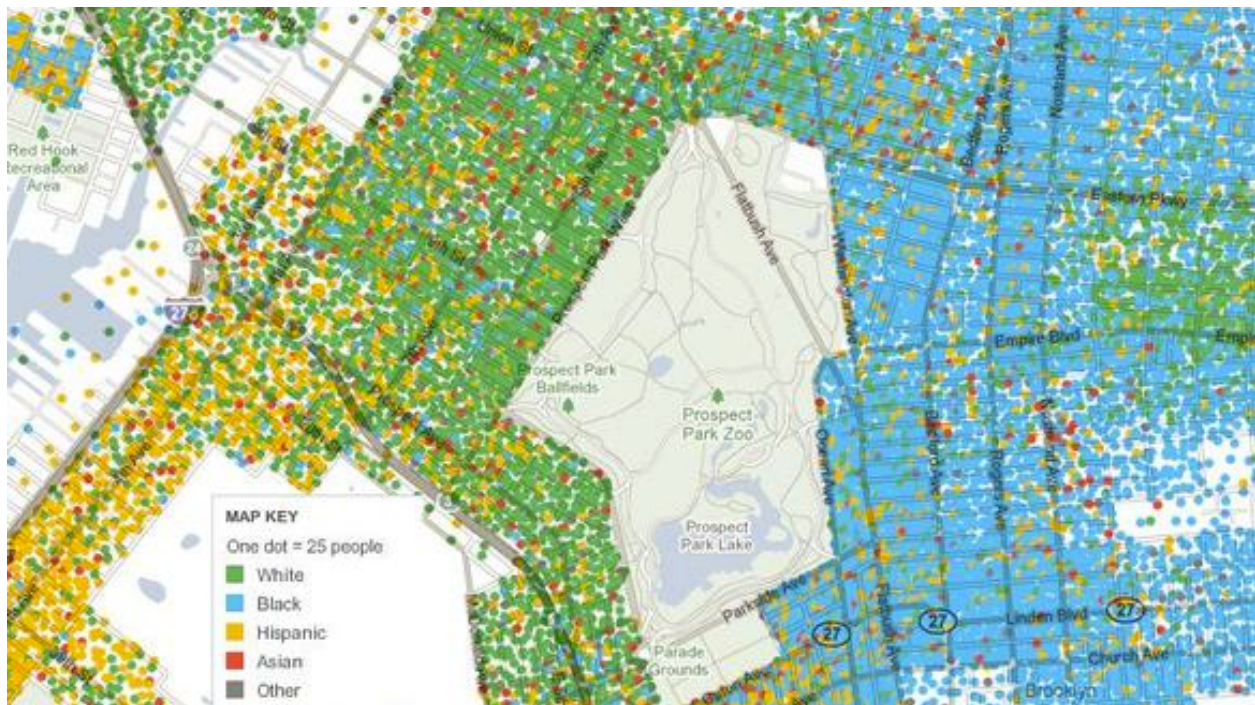
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Appendices

Appendix I: Map of Park Slope and its surrounding neighborhoods in Brooklyn, NY



Appendix II: Population by racial categories in areas adjacent to Prospect Park, Brooklyn, NY.



Source: New York Times Mapping America Project using the Census Bureau's American Community Survey, based on samples from 2005 to 2009.

Appendix III: Semi-Structured Interview Questions

1. Where did you grow up?
2. How long have you been living here?
3. Do you have many friends in the building?
4. What would you tell other people about living here?
5. What would you like management to know?
6. Could you list the top three good things about living here?
7. Could you list the bottom three bad things about living here?
8. How did you learn about benefits/entitlements (e.g. Medicaid, Home Attendants, Meals-on-wheels, Access-a-Ride, Lifeline, etc)?
9. Could you tell me the benefits/entitlements you are eligible for?
10. Did anyone help you obtain these benefits/entitlements?
11. How many of your neighbors do you think have benefits/entitlements?
12. What should older adults be worried about in the future?
13. In your opinion, what should be the criteria for people obtaining benefits/entitlements?
14. Who do you think deserves these benefits/entitlements?
15. Do you have any suggestions for other elderly?

INFORMED CONSENT

DESCRIPTION OF THE RESEARCH: You are invited to participate in a research study being conducted by Brian O'Hare, a PhD candidate in Applied Anthropology at Teachers College, Columbia University on attitudes, behaviors, and beliefs about benefits and entitlements for people who are elderly. The purpose of this study is to help us understand attitudes and beliefs of people who are elderly and living in urban communities, with respect to their benefits and entitlements. I hope that by sharing your experiences, ideas and opinions on this subject, you will help me to understand better how attitudes about aging and past experiences are related to beliefs about benefits and entitlements in urban communities. This study includes various activities such as interviews and questionnaires for data collection purposes.

You will be asked to complete an individual questionnaire interview. The questionnaire interview will be audio-taped with a digital recorder, which will ensure that I can accurately recall and transcribe your comments, and this recording will be secured in a password-protected file on my computer. The research will be conducted solely by the researcher, and will be conducted in Brooklyn, New York.

RISKS AND BENEFITS: All research contains some risk. In this case, the risks might include you feeling uncomfortable answering some of the questions, or uncomfortable being recorded. These risks are minimized by the fact that you may cease participation at any time without penalty, or can skip any question you do not wish to answer. If you do not wish to be recorded, I can take notes during the interview instead. If at any time you feel distressed or uncomfortable, you can let me know and we will take a break or stop the interview altogether. Should you require support for any significant emotional or financial distress, I will help you to get in contact with the social work staff here at Shady Grove Apartments. The head social worker, can be reached at 718 555 4444 and her office is on the first floor. There are no direct benefits to you for participating in this study.

PAYMENTS: You will not be paid for your participation in this study.

DATA STORAGE TO PROTECT CONFIDENTIALITY: Every effort will be made to protect confidentiality, including using pseudonyms in transcripts of interviews, disguising any locations or identifiable information that may be revealed during our discussions, and destroying original recordings once transcribing is complete. Since anonymity cannot be guaranteed, you should be careful not to reveal anything that you might feel uncomfortable sharing during the interview. If you do accidentally reveal such information you are free to ask me later to remove that information from the transcripts. All data will be kept confidential and used for professional purposes only. All written notes will be kept in locked files and will not contain any information linking them to you. All audio-recordings will be kept in a password-protected file on the researcher's computer.

TIME INVOLVEMENT: Your participation will take approximately one (1) hour. This study will be conducted from March 2013 until February 2014.

HOW WILL RESULTS BE USED: The results of the study will be used for the researcher's dissertation thesis, which may be presented at a conference. This data may be published in a peer-review journal as an article, and will be used for educational purposes only.

⁵² Document presented to informants was on official Teachers College, Columbia University stationary with a stamp of approval from the IRB.

Appendix V: Participant's Rights Form⁵³

PARTICIPANT'S RIGHTS

Principal Investigator: Brian J. O'Hare

Research Title: An Ethnographic Investigation of Benefits and Entitlements for People who are Elderly.

- I have read and discussed the Research Description with the researcher. I have had the opportunity to ask questions about the purposes and procedures regarding this study. My participation in research is voluntary. I may refuse to participate or withdraw from participation at any time without jeopardy to future medical care, employment, student status or other entitlements.
- The researcher may withdraw me from the research at his/her professional discretion.
- If, during the course of the study, significant new information that has been developed becomes available which may relate to my willingness to continue to participate, the investigator will provide this information to me.
- Any information derived from the research project that personally identifies me will not be voluntarily released or disclosed without my separate consent, except as specifically required by law.
- If at any time I have any questions regarding the research or my participation, I can contact the investigator, who will answer my questions. The investigator's phone number is (646) 555-6875.
- If at any time I have comments, or concerns regarding the conduct of the research or questions about my rights as a research subject, I should contact the Teachers College, Columbia University Institutional Review Board /IRB. The phone number for the IRB is (212) 678-4105. Or, I can write to the IRB at Teachers College, Columbia University, 525 W. 120th Street, New York, NY, 10027, Box 151.
- I should receive a copy of the Research Description and this Participant's Rights document.
- If video and/or audio taping is part of this research, I () consent to be audio/video taped. I () do NOT consent to being video/audio taped. The written, video and/or audio taped materials will be viewed only by the principal investigator and members of the research team.
- Written, video and/or audio taped materials () may be viewed in an educational setting outside the research () may NOT be viewed in an educational setting outside the research.
- My signature means that I agree to participate in this study.

Participant's signature: _____

Date: ____/____/____

Name: _____

Investigator's Verification of Explanation: I certify that I have carefully explained the purpose and nature of this research to _____ (participant's name) in age-appropriate language. He/She has had the opportunity to discuss it with me in detail. I have answered all his/her questions and he/she provided the affirmative agreement (i.e. assent) to participate in this research.

Investigator's Signature: _____

Date: _____

⁵³ Document presented to informants was on official Teachers College, Columbia University stationary with a stamp of approval from the IRB.